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# House Document

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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1996
VOLUME 3 OF 3

## United States Congressional Serial Set

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105th Congress, 1st Session - - - - - - - - - - - - House Document 105–110

# FINANCIAL DISCLOSURE
# REPORTS
## OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

## January 1, 1996 and December 31, 1996

## COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 3 of 3)

JULY 24, 1997.—Referred to the Committee on House Oversight and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

42-411 WASHINGTON : 1997

## LETTER OF TRANSMITTAL

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OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
*Washington, DC, July 22, 1997.*

Hon. NEWT GINGRICH,
*The Speaker, The Capitol,*
*House of Representatives, Washington, DC.*

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 4, § 103 *et seq.*), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1997, and includes the financial transactions as reported therein which occurred between January 1, 1996 and December 31, 1996.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

Sincerely yours,

ROBIN H. CARLE,
*Clerk, U.S. House of Representatives.*

Enclosure.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(5)

97 MAY 14 PM 4:00

U.S. H... ...

INSIDE MAIL
(Office Use Only)

Richard E. Neal
(Full Name)

2236 Rayburn House Office Building
Washington, D.C. 20515 (Mailing Address)

(202) 225-5601
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District MA 2nd | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard E. Neal

DATE (Month, Day, Year) 5/14/97

2421

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Massachusetts State Auditor's Office | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C.<br>XYZ Magazine | Speech<br>Article | Feb. 2, 1996<br>Aug. 13, 1996 | $2,000<br>$500 |
| National Association of Home Builders | Speech | 01/28/96 | $2,000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard E. Neal



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | *Examples* 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Sun America Money Market | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Springfield Inst. for Savings | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Springfield MA Municipal CU | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Congressional Federal CU | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | City of Springfield Retirement Fund | | | X | | | | | | | | | NA | | | | | | NA | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Association of Home Builders | January 28 - 29 | Springfield, MA - Houston, TX and return | Y | Y | N | N |
| | Invest to Compete Alliance | July 5-7 | Springfield, MA - Chatham, MA | Y | Y | Y | N |
| | West Belfast Community Council | August 6-13 | Springfield, MA - Belfast, N. Ireland | Y | Y | Yes, paid for personally | N |
| | Securities Industries Association | December 12 - 13 | Springfield, MA - New York, and return | Y | Y | Y | N |
| | Ogilvy & Mather Worldwide Inc. (AAAAs) | December 13 - 14 | New York, New York | Y | Y | Y | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 6:08

(9)

George R. Nethercutt, Jr.
(Full Name)

1527 Longworth House Office Bldg
(Mailing Address)

Washington, D.C 20515

(202) 225-2006
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Washington District 5th | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: George R. Nethercutt, Jr.

DATE (Month/Day/Year): 5-14-97

2426

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | United States Senate | Spouse Salary | NA |
| | Nethercutt Law Offices | Law practice net self employment income | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | The Washington Campus | Speech | May 7, 1996 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George R Nethercutt Jr



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | Block C | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | Block E S, P, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | | 123 Main St Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | E. 706 Highland Blvd. Spokane WA | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | | Fan Mar Partnership, Summerville S.C. | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | | midwest Diamond Baseball Club Limited Partnership | | X | | | | | | | | | | partnership income | | | | | | X | | | | | | | | | | | |
| | | Carolina Diamond Baseball Club Limited Partnership | | | X | | | | | | | | | partnership income | | | | | | X | | | | | | | | | | | |
| SP | | Nethercutt Law offices | | | X | | | | | | | | | Spouse self employment | | | | | | | | | | | X | | | | | | |
| | | New Energy Company of Indiana | | X | | | | | | | | | | partnership income | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George R. Nethercutt, Jr



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1927 Yankees Investment Club | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Idaho Housing Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Van Kampen American Capital Trust Custodian American Pace Fund A - IRA | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Dean Witter American Value Fund IRA | | | X | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| SP | Dean Witter American Value Fund IRA | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | U.S. Bank Savings Account | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Alaska Unimproved River Lot 14 | | | X | | | | | | | | | no income | | | | | | X | | | | | | | | | | |
| | Capital Guardian Trust Company Growth Fund of America | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Capital Guardian Trust Company New Perspective Fund | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Capital Guardian Trust Company Europacific Growth Fund | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Capital Guardian Trust Company American Mutual Fund | | | X | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Piper Jaffray Money Market Fund | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | P |
| SP | Capital Guardian Trust Company New Perspective Fund | | X | | | | | | | | | | NA - IRA | | | | | | NA | | | | | | | | | | |
| | Petite Creations, Inc (royalty) | X | | | | | | | | | | | royalties | | | | | | | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name George R Nethercutt, Jr.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | 927 E. Baldwin Ave, Spokane WA | | X | | 7-1-96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| Example | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Washington Mutual Bank - Spokane, WA | Spokane, WA Mortgage on E 706 Highland Blvd | | | X | | | | | | | |
| | Washington Trust Bank - Spokane, WA | line of credit | | X | | | | | | | | |
| | Wachovia National Bank, Summerville, S.C | Fan-Mac Mortgage on 300 N. Main, Summerville, SC. | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| Example Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | NA | NA |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | The Aspen Institute | Feb. 16-19, 1996 | Wash, DC - Palm Beach, Fla - Wash DC | Y | Y | Y | N |
| | Alaska Republican Party | Feb 23-24, 1996 | Wash, DC - Anchorage Feb, AK - Wash DC | Y | Y | N | N |
| | Denver Republican Party | June 24-25, 1996 | Denver, Co - Washington DC | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Boots Family Trust, Spokane WA |
| Limited Partner | Midwest Diamond Baseball Club, Carolina Diamond Baseball Club |
| Limited Partner | New Energy Company of Indiana |
| Partner | 1927 Yankees Investment Club |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | NA |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEG. ... 
97 MAY -8 PM 12:45
U.S. ...

MARK W. NEUMANN
(Full Name)
4328 FOX HILLS DR.
JANESVILLE, WI 53545
(Mailing Address)
Daytime Telephone 202-225-3031

MC HAND DELIVERED (10)
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State WI District 01 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mark W. Neumann

DATE (Month/Day/Year): 5/1/97

2435

Name MARK NEUMANN | Page ___ of ___

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE OTHER THAN GOVERNMENT | | |
| | GARMAR, INC ; JANESVILLE, WI 53545 | COMMISSION FROM REAL ESTATE SALES – OPTIONS PRIOR TO MY TAKING OFFICE – OPTIONS EXERCISED 1990 + COMMISSIONS PD WHEN OPTS EXERCISED | $5,349 |

For payments to charity in lieu of honoraria, use Schedule II.

| Name MARK NEUMANN | Page of |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mark Neumann | Page of —

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is ental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | NOTE REC. BROOKSTONE HOMES, INC | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | NOTE REC. NEUMANN HOMES IL. | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | NOTE REC. NEUMANN REALTY, INC | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | 1ST COMMUNITY BANK MILTON, WI | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | BANK ONE JANESVILLE, WI | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | BANK OF MILTON MILTON, WI | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Neumann

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1st Citizens Bank Whitewater WI | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Residence 1510-16 Greenwater Janesville, WI | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | " 2006 " " " " | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | " 4327 Woodcrest Dr " " | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | " 4316-18 Woodgate " " | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | " 4410-12 " " " | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | " 4418-20 " " " | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | " Briar Crest Dr. " " | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Lot 19 & 20 203 Attached " " | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 10615 Whitemtn Dr. Sun City Arizona | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Thompson / Plumb Fund | | X | | | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| | Keystone Fund | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Car Mar, Inc | | | | | | X | | | | | | | | | | | | | | | | | | | X | | | |
| | AAL Life Ins Cash Value | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | AAL Mutual Funds (SEPT) | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Weumann

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SELF DIRECTED IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BAIRD BLUE CHIP | | X | X | | | | | | | | | | | | | | | X | | | | X | | | | | |
| | BAIRD CAP DEF FND INC | | X | | | | | | | | | | | | | | | | X | | | | X | | | | | |
| | DUFF + PHELPS UTIL | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | |
| | HYPERION 97 TERM INC | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | |
| | BAIRD MONEY MARKET | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | |
| | GOV SEC INS. FD | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Neuman | Page of

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT; Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| None | | | | | | | | | | | | | | |

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| Name | Page | of |
|---|---|---|
| Mark Neumann | | |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | BANK ONE (MORTGAGE) JANESVILLE, WI | 4327 WOODCREST JANESVILLE, WI | | | X | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NONE | |

**Use additional sheets if more space is required.**

| Name Mark Neumann | Page ___ of |
|---|---|

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Sheboygan Co. Chamber of Commerce | May 10 | Chicago - Sheboygan | N | N | Y | N |

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| Name | Page | of |
|---|---|---|
| Mark Neumann | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude**: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| | NONE |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

MARK W. NEUMANN
1st District, Wisconsin

WASHINGTON OFFICE
418 Cannon Building
Washington, DC 20515
(202) 225-3031
mneumann@h.house.gov
http://www.house.gov/neumann/

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES
VA, HUD and Independent Agencies
District of Columbia

COMMITTEE ON THE BUDGET

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515–4901**

April 30, 1997

HAND DELIVERED

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY -8 PM 12:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robin H. Carle, Clerk
U.S. House of Representatives
The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

It was recently brought to my attention by a family member that some funds that I provided to my parents to help them acquire a home in 1992 technically is an asset with my name appearing on the title to the home.

The home was originally located at 10215 White Mountain Road, Sun City, Arizona. In may of 1993, they replaced this home with one located at 10615 White Mountain Road, Sun City, Arizona.

There is no rent, interest, etc. paid either annually or otherwise.

I respectfully request that my Financial Disclosure forms for the years 1992, 1993, 1994 (which were filed as a candidate) and 1995 (which was filed as a Member of Congress) be amended as follows:

SCHEDULE III - ASSETS AND "UNEARNED" INCOME
Asset and/or Income Source: House located at
10615 White Mountain Road, Sun City, Arizona.
Value of Asset: C
Type of Income: None
Amount of Income: None
Transaction: None

Thank you for your assistance.

Sincerely,

Mark W. Neumann

BELOIT OFFICE
City Hall
100 State Street
Beloit, WI 53511
(608) 363-0781

ELKHORN OFFICE
City Hall
9 South Broad Street
Elkhorn, WI 53121
(414) 723-7122

JANESVILLE OFFICE
One Parker Place, Room 710
Janesville, WI 53548
(608) 752-4050

KENOSHA OFFICE
6530 Sheridan Road, Room 5
Kenosha, WI 53143
(414) 654-1901

RACINE OFFICE
Racine County Courthouse
730 Wisconsin Avenue
Racine, WI 53403
(414) 637-5510

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
U.S. HOUSE OF REPRESENTATIVES
97 MAY 15 AM 11:08
OFFICE OF THE CLERK
USE OF ORIGINAL SIGNATURE

(9)

Robert William Ney
(Full Name)
112 OVERLOOK COURT ST. Clairsville, Ohio 43950
(Mailing Address)
(Daytime Telephone) 740-695-6265

HAND DELIVERED
MC
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State/District: Ohio 18 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS.—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION.—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert W. Ney

DATE (Month/Day/Year): May 14, 1997

2446

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | X-Y-Z Magazine | Article | Aug. 13, 1996 | $500 |
| | —NONE— | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert W. Ney



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | BLOCK A | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | SP | Mega Corp Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | | | SAVINGS ACCOUNT - BANK ONE BELLAIRE | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert W. Ney



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert W. Ney



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

2452

Name ROBERT W. NEY | Page 8 of 9

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NATIONAL SECURITY CAUCUS | DEC 2-DEC 8 | WASH D.C.-SERBIA-MONTENEGRO-CROATIA-WASH DC | TRANSPORTATION | | N | Y 1 DAY |
| | NON PROFIT CENTER FOR MEDITERRANEAN STUDIES | DEC 2-DEC 8 | WASH D.C.-SERBIA-MONTENEGRO-CROATIA-D.C. | Y | Y | N | N |

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| Name | Page |
|---|---|
| ROBERT W. NEY | 9 of 9 |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| NONE | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 JUN 12 PM 3:10

(9)

HAND DELIVERED

(Office Use Only)

ANNE MEAGHER NORTHUP
(Full Name)

3340 LEXINGTON ROAD
LOUISVILLE, KENTUCKY 40206
(Mailing Address)

(502) 582-5129
(Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State: KY District: 03 — [ ] Officer or Employee — Employing Office

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I — Yes [X] No [ ]

II. Did you, your spouse, or a dependent child receive income or hold any position, office, or fiduciary relationship, or act as an officer in the reporting period? If yes, complete and attach Schedule II — Yes [ ] No [X]

III. Did you or your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III — Yes [X] No [ ]

IV. Did you or your spouse or a dependent child purchase, sell, exchange, or hold any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liabilities totaling more than $10,000 during the reporting period? If yes, complete and attach Schedule V — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII — Yes [ ] No [X]

VIII. Did you, or a dependent child, have any reportable positions held as of the date of filing in the current calendar year? If yes, complete and attach Schedule VIII — Yes [X] No [ ]

IX. Did you or have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be included. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct as deemed necessary. Any individual who knowingly and willfully falsifies, conceals, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. See 5 U.S.C. app. 1 § 104 and 18 U.S.C. § 1001.

SIGNATURE OF REPORTING INDIVIDUAL: Anne M Northup

DATE (Month, Day, Year): 6/6/97

2455

| Name ANNE MEAGHER NORTHUP | Page 1 of 1 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | COMMONWEALTH OF KENTUCKY | LEGISLATIVE SALARY | $15,231 |
| | RADIO SOUND, INC. | SPOUSE SALARY | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

| Name ANNE MEAGHER NORTHUP | Page 1 of 1 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| *Examples:* XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Anne Meagher Northup



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income.** If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income.** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction.** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | S |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | P |
| | Bank One common stock | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | Radio Sound common stock | | | | | | | | X | | | | X | | | | | | X | | | | | | | | | | |
| SP | Royal Gold common stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Merrill Lynch Pacific fund A | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Merrill Lynch Pacific fund B (IRA) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Merrill Lynch money market fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anne Meagher Northup

Page 1 of 1

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Fidelity emerging growth fund | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Fidelity contrafund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity disciplined fund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity low priced fund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity stock selector fund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity asset manager fund | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity health care fund | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Fidelity select electronics fund | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Fidelity new milennium fund | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Fidelity developing communications fund | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ANNE MEAGHER NORTHUP

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | N/A | | | | | | | | | | | | | | | |

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| Name | ANNE MEAGHER NORTHUP | Page 1 of 1 |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | N/A | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | N/A | | | | | | |

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| Name ANNE MEAGHER NORTHUP | Page 1 of 1 |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| BOARD MEMBER | GREATER LOUISVILLE PUBLIC RADIO, INC. |
| " " | PARTNERSHIP FOR KENTUCKY SCHOOL REFORM, INC. |
| " " | JUNIOR LEAGUE OF LOUISVILLE, COMMUNITY ADVISORY BOARD |
| " " | HOSPICE OF LOUISVILLE |
| " " | KENTUCKY CANCER CONSORTIUM |
| " " | HOME ECONOMICS ADVISORY BOARD, UNIVERSITY OF KENTUCKY |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 13 PM 2:16

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, S.E.
(Mailing Address)

Washington, DC 20003

Daytime Telephone (202) 225-8050

Filer Status: [X] Member of the U.S. House of Representatives — State D.C. District ____ — [ ] Officer or Employee — Employing Office ____

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Eleanor Norton

DATE (Month/Day/Year): May 12, 1997

2464

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Georgetown University | Approved Teaching Fee | $4,511 |
| | Pitney Bowes (This item is not subject to the limit on outside earned income.) | Retirement Fee | $12,000 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Eleanor Holmes Norton



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Congressional Federal Credit Union | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Star Partners II, Ltd. | X | | | | | | | | | | | | Partnership Income | | | | | X | | | | | | | | | | |
| | Boston Capital Private Tax Credit Fund | | | X | | | | | | | | | | Partnership Income | | | | | X | | | | | | | | | | |
| | Rittenhouse Square Associates, LP | X | | | | | | | | | | | | Partnership Income | | | | | X | | | | | | | | | | |
| | Intergen Investors, Ltd. | | | X | | | | | | | | | | Partnership Income | | | | | X | | | | | | | | | | |
| | American Cable TV Investors | | X | | | | | | | | | | | Partnership Income | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Romeo, MI Community School District | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Cook County, IL School District | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Indiana University Revs. Student | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | LG&E Energy Corp. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Washington Gas Light Company | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | New York Venture Fund | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | RTC Cash Account | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| | High Equity Partners Series 85 | | X | | | | | | | | | | Income yet to be derived | | | | | | | | | | | | | | | | |
| | Resources Accrued Mortgage Investment Series 86 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | American Cable TV Investors IV | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | High Equity Partners Series 86 | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Technology Funding Venture Partners IV | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SunAmerica Mid-Cap Growth Fund Cl. A | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |

Resources Trust IRA

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Resources Trust Qualified Plan | RTC Cash Account | X | | | | | | | | | | | Income yet to be derived | | | | | | | | | | | | | | | | |
| | Synthetic Industries L.P. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | High Equity Partners Series 85 | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Resources Accrued Mortgage Series 86 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Westmed I LP | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rotor Tool LP | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Star Partners II Ltd. | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Technology Funding Venture Ptnrs. IV | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Technology Funding Venture Ptnrs. V | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MFS Emerging Growth Fund Class B | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fidelity Advisor Growth Opportunity Portfolio | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Metlife Pension Annuity | | X | | | | | | | | | | Income yet to be derived | | | | | | | | | | | | | | |
| | TIAA CREF | Indefinite | | | | | | | | | | | Income yet to be derived | | | | | | | | | | | | | | |
| | SunLife IRA | | | | X | | | | | | | | Income yet to be derived | | | | | | | | | | | | | | |
| | Oxford University Press | Indefinite | | | | | | | | | | | | Royalties | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Eleanor Holmes Norton



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | New York Venture Fund | X | | | Dividend reinvestment (last on ~~12-10-96~~) | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Center for Legislative Exchange Ottawa, Canada | Mar. 18-19 | Wash., DC - Ottawa, Canada - Wash., DC | Y | Y | N | N |
| | Kentucky State University | May 10-11 | Wash., DC - Lexington, KY - Wash., DC | Y | Y | N | N |
| | Eleanor Roosevelt College at the University of CA, San Diego | June 15-16 | Wash., DC - San Diego, CA - Wash., DC | Y | Y | N | N |
| | Skinner Farm Leadership Institute | July 27-28 | Wash., DC - Leesburg, VA - Wash., DC | Y | N | N | N |
| | National Bar Assocation | Aug. 9 | Wash., DC - Chicago, IL - Wash., DC | N | N | N | N |
| | Eagleton Institute of Politics | Sept. 20-21 | Wash., DC - New Brunswick, NJ - Wash., DC | Y | Y | N | N |
| | Lankenau, Kouner & Kurtz, LLP | Sept. 26-27 | Wash., DC - New York, NY - Wash., DC | Y | Y | N | N |
| | Emily's List | Oct. 19-20 | Wash., DC - New York, NY - Wash., DC | Y | Y | N | N |
| | International College of the Grand Cayman Islands | Nov. 29 - Dec. 3 | Wash., DC - Grand Cayman Island - Wash., DC | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | See attached Exhibit |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | Georgetown University | Extended leave of absence from position as Professor of Law<br>Part-time faculty appointment to teach a seminar in 1996-1997 academic year<br>(See attached letter of approval from Committee on Standards of Official Conduct and letter of agreement from Georgetown University Law Center) |

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1996
Exhibit
Schedule VIII, Positions

| Position | Name of Organization |
|---|---|
| Professor of Law* | Georgetown University |
| Member of the Board | A. Philip Randolph Institute |
| Member of the Board | Center for Budget and Policy Priorities |
| Member | Citizens Commission on Civil Rights |
| Co-Chair | Community Building in Troubled Urban Neighborhoods Task Force / Center for National Policy |
| Member | Council on Foreign Relations |
| Member of the Board | Economic Policy Institute |
| Member of the Board | Environmental Law Institute |
| Member of the Board | Lawyers Committee for Civil Rights Under Law |
| Trustee | Martin Luther King, Jr. Center for Social Change |
| Member of the Board | Ronald McDonald House |
| Commissioner | Population and Quality of Life Independent Commission |
| Chair | Women's Law and Public Policy Fellowship Program |
| Member of the Board | Work in America Institute |
| Chair | Workplace Health Fund |
| Member of the Board of Counsellors | YMCA of the USA |

*on extended leave of absence; teaching seminar during 1995-96 academic year (see Schedule VIII and attached letters).

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN

JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

THEODORE J. VAN DER MEID,
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER

BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

SUITE HT-2, THE CAPITOL
(202) 225-7103

August 6, 1996

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1424 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This is to notify you of Committee approval of your request of July 26, 1996, to teach for compensation at the Georgetown University Law Center during the 1996-1997 academic year. You explain that no official resources will be used to meet your teaching obligation, nor do you believe that it will conflict with your congressional responsibilities. You included with your request correspondence from Dean Judith Areen reflecting the terms of your agreement with the Law Center.

On April 24, 1991, this Committee issued guidelines on teaching for compensation by Members and senior staff. We believe that your proposed teaching arrangement is consistent with these requirements. Your teaching compensation is subject to the 15 percent outside earned income limit of House Rule XLVII. For 1996, that limit is $20,040. The income also must be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Chairman

Jim McDermott
Ranking Democratic Member

NLJ/JM:vhj

GEORGETOWN UNIVERSITY LAW CENTER

Office of the Dean

June 26, 1996

The Honorable Eleanor Holmes Norton
United States House of Representatives
Longworth House Office Building
Washington, D. C. 20515

Dear Eleanor:

I am delighted that you have agreed to teach a seminar at the Law Center during the 1996-97 academic year. This letter confirms the terms of your faculty appointment.

Consistent with Georgetown University's faculty leave policy, your leave of absence from the full-time faculty has been extended through June 30, 1997.

Your seminar will be offered as part of the regular J.D. program of instruction at the Law Center. Students will receive regular credit toward their law degrees for their attendance and participation in your seminar.

The seminar is scheduled for Mondays, 3:30 - 5:30 p.m., and will meet on alternate weeks for the entire academic year, for a total of fourteen two-hour class sessions. Your responsibilities will include class preparation and the evaluation of student papers.

Your salary will be $7,700, which will be paid out of Law Center operating funds. No federal funds will be devoted to your salary. The compensation you will receive does not exceed the salary the Law Center pays to those whose professional qualifications are similar to yours and who provide a comparable level of instruction and amount of work. Barbara Duncan, administrative officer in charge of Law Center payroll, will contact you regarding arrangements for payment.

Enclosed is a copy of the 1996-97 Law Center academic calendar. If you have any questions about the scheduling of your seminar, please contact Assistant Dean Carol O'Neil at (202) 662-9041.

You are eligible to hire a student research assistant to assist in preparation of the seminar materials. The student will be paid out of Law Center operating funds.

600 New Jersey Avenue NW Washington DC 20001-2075
202-662-9030 FAX 202-662-9055

The Honorable Eleanor Holmes Norton
June 26, 1996
Page 2

Finally, let me again say how happy we all are that Law Center students will continue to benefit from your fine teaching.

Sincerely,

Judith Areen
Dean

JA:amr

**Understood and accepted.**

ELEANOR HOLMES NORTON

5/27/1996
Date

....

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 14 PM 2:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Jim Nussle
(Full Name)

303 Cannon House Office Building
(Mailing Address)

Daytime Telephone

Washington D.C. 20515 202-225-2911

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Iowa District 2nd | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Terminal on Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-14-97

2477

| Name Jim Nussle | Page 2 of 3 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | St. Lukes Hospital | (Spouse Salary) | NA |
| | Manchester Family Medical | (Spouse Salary) | NA |

For payments to charity in lieu of honoraria, use Schedule II.

2478

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Jim Nussle



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000<br>B $1,001 – $15,000<br>C $15,001 – $50,000<br>D $50,001 – $100,000<br>E $100,001 – $250,000<br>F $250,001 – $500,000<br>G $500,001 – $1,000,000<br>H $1,000,001 – $5,000,000<br>I $5,000,001 – $25,000,000<br>J $25,000,001 – $50,000,000<br>K Over $50,000,000 | DIVIDENDS<br>RENT<br>INTEREST<br>CAPITAL GAINS<br>EXCEPTED TRUST<br>QUALIFIED BLIND TRUST | I None – $200<br>II $201 – $1,000<br>III $1,001 – $2,500<br>IV $2,501 – $5,000<br>V $5,001 – $15,000<br>VI $15,001 – $50,000<br>VII $50,001 – $100,000<br>VIII $100,001 – $1,000,000<br>IX $1,000,001 – $5,000,000<br>X Over $5,000,000 | P<br>S<br>E |
| SP<br>DC<br>JT | *Examples*<br>SP Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | <br>X<br><br>X | <br><br>X<br>X | <br>X<br><br>X | P |
| JT | Cong.Fed. Credit Union Money Mkt | X | X | X | |
| JT | U.S. Savings Bonds | X | X | X | |
| DC | U.S. Savings Bonds | X | X | X | |

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:01

(10)

HAND DELIVERED
(Office Use Only)

James L. Oberstar
(Full Name)

2366 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-6211

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State MN District 08 | [ ] Officer or Employee | Employing Office. | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) | Yes [X] | No [ ] |
| EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C., app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: James L. Oberstar

DATE (Month/Day/Year): 5-15-97

2480

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Kurth & Company, Inc., Washington, DC | Spouse Salary | N A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| For further information, see instructions, pages 14-20 | | | | |
| SP<br>DC *Examples* SP<br>JT | Mega Corp Stock<br>123 Main St , Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| SP | Kurth & Co , Inc (Money Purchase Plan Retirement Fund | $500,001 - $1,000,000 | NA | NA | |
| SP | Kurth & Co , Inc (Defined Benefit Retirement Fund) | $500,001 - $1,000,000 | NA | NA | |
| SP | Kurth ByPass Trust | EXEMPT SP HOLDINGS | Excepted Trust | $15,001 - $50,000 | |
| SP | Kurth QTip A Trust | EXEMPT SP HOLDINGS | Excepted Trust | $15,001 - $50,000 | |
| SP | Johnson & Johnson | $1,001 - $15,000 | Dividends | None - $200 | P |
| SP | Orion Capital Corp | $1,001 - $15,000 | Dividends | None - $200 | P |
| SP | Prudential Moneymart Assts Fund | None - $1,000 | Dividends | $201 - $1,000 | P |
| SP | Xerox Corp | $1,001 - $15,000 | Dividends | None - $200 | P |

2492

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Charter Power Systems, Inc | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | Command Money Fund | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| SP | IRT Property Co. | $15,001 - $50,000 | Dividends | $2,501 - $5,000 | |
| SP | Union Carbide Corp. | $15,001 - $50,000 | Dividends | $201 - $1,000 | S |
| SP | Charter Power Systems, Inc | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | Iron Mountain Delaware | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | LeCroy Corp | $50,001 - $100,000 | Dividends | None - $200 | |
| SP | Mesa Air Group | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | Pharmakinetics Labs | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Reptron Electronics | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | Trion, Inc | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Union Carbide | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Vitesse Semiconductor | $50,001 - $100,000 | Dividends | None - $200 | |
| SP | Xerox | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Xicor | $15,001 - $50,000 | Dividends | None - $200 | P |
| SP | Safeway Inc Sr Subordinated Debentures | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | Iron Mountain | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | LeCroy Corp. | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Orion Capital | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Reptian | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Stevens International | $1,001 - $15,000 | Dividends | None - $200 | P |
| SP | US Office Products | $1,001 - $15,000 | Dividends | None - $200 | P |
| SP | Xicor | $1,001 - $15,000 | Dividends | None - $200 | P |
| SP | Iron Mountain | $15,001 - $50,000 | Dividends | None - $200 | P |
| SP | Arch Communications | $15,001 - $50,000 | Interest | $2,501 - $5,000 | P |
| SP | Command Money Fund | $15,001 - $50,000 | Dividends | $201 - $1,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Vista Growth & Income Fund | $100,001 - $250,000 | Dividends | $1,001 - $2,500 | P |
| SP | Great Hall Government Money Market Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | John Hancock Class B Bank Fund | $50,001 - $100,000 | Dividends | $201 - $1,000 | |
| SP | Vista Growth & Income Fund (See above) | $100,001 - $250,000 | Capital Gains | $5,001 - $15,000 | |
| SP | John Hancock Class B Bank Fund (See above) | $50,001 - $100,000 | Capital Gains | $201 - $1,000 | |
| SP | US Teasury Notes | None - $1,000 | Interest | $2,501 - $5,000 | S |
| SP | Kemper Money Market | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Kemper High Yield | $15,001 - $50,000 | Dividends | $15,001 - $50,000 | |
| SP | 2402 37th St., NW, Washington DC (50% interest) | $50,001 - $100,000 | Rent | $5,001 - $15,000 | |
| SP | Kurth & Company, Inc | $100,001 - $250,000 | Interest | None - $200 | |
| SP | Paine Webber | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | IRA Prudential Securities: | | | | |
| SP | 1 IRT Property Co | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | 2 Reptron Electronics | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | 3 Starwood Lodging | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | 4 Money Market | $1,001 - $15,000 | Dividends | None - $200 | NA |
| SP | Stevens International | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Vitesse Semiconductor | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | John Hancock Bank Fund | $100,001 - $250,000 | Dividends | $1,001 - $2,500 | |
| SP | Pioneer Growth Shares | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| SP | Pioneer Growth Shares (see above) | $15,001 - $50,000 | Capital Gains | $1,001 - $2,500 | |
| SP | John Hancock Bank Fund (see above) | $15,001 - $50,000 | Capital Gains | $201 - $1,000 | |
| SP | Union Carbide | None - $1,000 | Dividends | $201 - $1,000 | |
| SP | Southview & Prince William | $15,001 - $50,000 | Rent | None - $200 | |
| | Cong. Fed. Credit Union | $100,001 - $250,000 | Interest | $2,501 - $5,000 | |

Name James L. Oberstar | Page ____ of ____

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Cong. Fed. Credit Union (IRA) | $1,001 - $15,000 | Interest | None - $200 | |
| DC | Cong. Fed. Credit Union | $1,001 - $15,000 | Interest | None - $200 | |
| DC | Cong. Fed. Credit Union | $1,001 - $15,000 | Interest | None - $200 | |
| | Chevy Chase Bank | $1,001 - $15,000 | Interest | None - $200 | |
| SP | Union Carbide | $15,001 - $50,000 | Capital Gains | $5,001 - $15,000 | S |
| SP | Pharmaceutical Resources | None - $1,000 | Dividends | None | SOLD AT A LOSS |
| SP | Cadence Design | None - $1,000 | Capital Gains | $15,001 - $50,000 | S |
| SP | Fedders Corp | None - $1,000 | | None | SOLD AT A LOSS |
| SP | ITT Hartford Group | None - $1,000 | Capital Gains | $5,001 - $15,000 | S |
| SP | ITT Industries | None - $1,000 | Capital Gains | $5,001 - $15,000 | S |
| SP | ITT Corporation | None - $1,000 | Capital Gains | $5,001 - $15,000 | S |
| SP | Rayonier | None - $1,000 | Capital Gains | $2,501 - $5,000 | S |
| SP | Hotel Investors Trust | None - $1,000 | | None - $200 | |
| DC | Amet Bonds | $15,001 - $50,000 | LIQUIDATED | $2,501 - $5,000 | LIQUIDATED |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| SP | Iron Mountain Inc. Delaware | Purchase | 9/12/96 | $1,001 - $15,000 |
| SP | Johnson & Johnson | Purchase | 8/9/96 | $1,001 - $15,000 |
| SP | LeCroy Corp | Purchase | 8/12/96 | $1,001 - $15,000 |
| SP | Orion Capital Corp | Purchase | 8/9/96 | $1,001 - $15,000 |
| SP | Reptron Electronics, Inc | Purchase | 11/1/96 | $1,001 - $15,000 |
| SP | Xerox Corp | Purchase | 8/9/96 | $1,001 - $15,000 |
| SP | Arch Comm Group Inc Sr Discount Notes | Purchase | 3/7/96 | $15,001 - $50,000 |
| SP | Cadence Design System | Sold | 6/26/96 | $15,001 - $50,000 |
| SP | Cadence Design System | Sold | 9/4/96 | $15,001 - $50,000 |
| SP | Iron Mountain Inc Delaware | Purchase | 7/8/96 | $15,001 - $50,000 |
| SP | Stevens International | Purchase | 9/12/96 | $1,001 - $15,000 |
| SP | US Office Products | Purchase | 5/15/96 | $1,001 - $15,000 |
| SP | Vista Growth & Income | Purchase | 2/23/96 | $15,001 - $50,000 |
| SP | Iron Mountain Inc Delaware | Purchase | 5/21/96 | $15,001 - $50,000 |
| SP | Xerox Corp | Purchase | 3/4/96 | $15,001 - $50,000 |
| SP | Xicor, Inc | Purchase | 3/6/96 | $15,001 - $50,000 |
| SP | Fedders Corp. | Purchase | 3/4/96 | $15,001 - $50,000 |
| SP | Fedders Corp. | Sold | 8/12/96 | $15,001 - $50,000 |
| SP | ITT Hartford Group | Sold | 3/4/96 | $15,001 - $50,000 |
| SP | ITT Industries | Sold | 3/4/96 | $1,001 - $15,000 |
| SP | ITT Corp. | Purchase | 3/4/96 | $15,001 - $50,000 |
| SP | Xicor | Purchase | 3/6/96 | $15,001 - $50,000 |
| | | | | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| SP | Pharmaceutical Resources | Sold | 8/9/96 | $1,001 - $15,000 |
| SP | Rayonier | Sold | 3/4/96 | $1,001 - $15,000 |
| SP | Union Carbide | Sold | 5/17/96 | $15,001 - $50,000 |
| SP | Hotel Investors Trust | Sold | 2/16/96 | LIQUIDATED AT A LOSS |
| SP | US Treasury Notes | Sold | 9/30/96 | $50,001 - $100,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Transportation Trades Dept., AFL-CIO | 2/18-19/96 | DC - Miami - DC | Y | Y | N | N |
| Aspen Institute | 11/8-17/96 | DC - London/Lisbon - DC | Y | Y | Y | 5 days |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entiues, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Honorary Advisory Board Member | George Washington University Medical Center, Cancer Center Advisory Board |
| Board of Trustees (Position by federal statute) | John F. Kennedy Center for the Performing Arts |
| Board of Trustees (Position by federal statute) | Intl Institute for Surface Transportation Policy Studies |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 14 PM 4:13

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

David R. Obey
(Full Name)

2462 Rayburn House Office Bldg
(Mailing Address)

Washington DC 20515
Daytime Telephone (202) 225-3365

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State WI District 07 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-14-97

2490

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Fidelity Trust Co | $15,001 - $50,000 | (IRA) | NA | |
| SP | First Union National Bank | $1,001 - $15,000 | (IRA) | NA | |
| JT | Wright-Patman Congressional Federal Credit Union | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| SP | U.S. Savings Bond Series EE | $1,001 - $15,000 | (No income yet derived) | | |
| SP | U.S. Treasury Bill (Redeemed in 1996 so end of year value is $0) | None - $1,000 | Interest | $1,001 - $2,500 | |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Aspen Institute (Conference on "Preparing Youth for 21st Century". The Aspen Inst. does no lobbying. No congressional staff, lobbyists, or outside observers are permitted to attend. Funding is provided by a grant from the | Feb. 16-19 | Wash., DC-Palm Beach, FL-Wash., DC (Note: Member's travel was only Wash.,DC to Palm Beach. Spouse's travel included return to Wash., DC.) | Y | Y | Y | N |
| Carnegie Foundation for the purpose of enabling members of Congress to pick the brains of scholars expert in important national and international problems.) | | | | | | |
| AFL-CIO (Speech to the AFL-CIO Executive Council Conference in Bal Harbour, FL) | Feb. 20 | Bal Harbour, FL-Wash., DC | N | N | N | N |

97 MAY -6 PM 2:09 (9)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

John W Olver
(Full Name)

Box 28
Amherst
(Mailing Address)
MA 01004

Daytime Telephone
413-256-6643

MC HAND DELIVERED
(Office Use Only)

| Filer Status | | | | | |
|---|---|---|---|---|---|
| | X | Member of the U.S. House of Representatives | State MA District 01 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you, hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: John W. Olver

DATE (Month/Day/Year): 6 May 97

2493

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Amherst College, Amherst, MA | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| For further information, see Instructions, pages 14-20 | | | | | |
| SP<br>DC *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT | AMCAP Fund, Inc | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | Carlyle Real Estate Limited Partnership | $1,001 - $15,000 | Interest and Capital Gains | $201 - $1,000 | |
| JT | Daily Cash Accumulation Fund | $1,001 - $15,000 | Dividends | None - $200 | |
| JT | Canada Southern Petro LTD | $1,001 - $15,000 | | None - $200 | |
| JT | Magellan Petroleum Corp | $1,001 - $15,000 | | None - $200 | |
| JT | 33 Myrtle St., Boston, MA 02108 (condo) | $50,001 - $100,000 | Rent | $5,001 - $15,000 | |
| JT | 120 acres-unimproved land, 117 Central St., Plainfield, MA | $50,001 - $100,000 | | | |
| JT | 27 acres-unimproved land Buffam Rd., Pelham, MA | $50,001 - $100,000 | | | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | 45 acres-unimproved land No. Valley Rd., Pelham, MA | $15,001 - $50,000 | | | |
| | 25 acres-unimproved land Beachlake, Berlin Township, PA | $15,001 - $50,000 | | | |
| | Mass. State Employees Pension | $50,001 - $100,000 | | $15,001 - $50,000 | |
| SP | Fleet Bank 1 S Pleasant St., Amherst, MA | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| JT | Fleet Bank (successor to Heritage Bank for Savings), One Monarch Pl., Springfield, MA 00114 | Mortgage at 33 Myrtle St #2 Boston, MA | $50,001 - $100,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Vice President | ADA 1625 K Street NW Washington, DC 20006 |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 14 June 91 | Mass. State Employees Life Insurance Program | *Continuing benefits as a former state employee |
| 14 June 91 | Mass. State Employee Retirement Program | Retirement effective 20 November 1992 |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 14 PM 5:42

CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

11

Solomon P. Ortiz
(Full Name)

2136 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
202/225-7742

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State TX District 27 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Solomon P. Ortiz

DATE (Month/Day/Year): May 14-1997

2500

| Name Solomon P. Ortiz | Page ____ of ___ |
|---|---|

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | | | |
| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

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| Name Solomon P. Ortiz | Page of |
|---|---|

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| | | | | $ |
| | | | | $ |

Name Solomon P. Ortiz | Page of

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| SP<br>DC *Examples*<br>JT | SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 |
| | Unimproved Lots, Robstown, Texas | $1,001 - $15,000 | | None - $200 |
| | 1250 4th St., SW #511, Wash., DC | $50,001 - $100,000 | Rent | $5,001 - $15,000 |
| JT | 4601 Carmen #2104, 50% owner, Rancho Viejo, TX | $15,001 - $50,000 | Rent | None - $200 |
| JT | Villa Del Sol Condo, 1011 Ennis Joslin, Corpus Christi, TX - 50% owner | $15,001 - $50,000 | Rent | $5,001 - $15,000 |
| | Amtex Inc., Corpus Christi, TX | $15,001 - $50,000 | Dividends | $5,001 - $15,000 |
| | Van Kempen American Capital - IRA Pace Fund A | $15,001 - $50,000 | Dividends | $1,001 - $2,500 |
| | Norwest Trust | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 |
| | Congressional Federal Credit Union | $15,001 - $50,000 | Interest | $1,001 - $2,500 |

Name Solomon P Ortiz | Page ____ of ____

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Nations Bank | $1,001 - $15,000 | | None - $200 | |
| JT | Principal | | | | |
| JT | -Ivy Growth w/ Income Fund CL B | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | |
| JT | -Princor Emerging Growth Fund INC-CLA | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| JT | -Micron | $15,001 - $50,000 | Capital Gains and Dividends | $5,001 - $15,000 | P |
| | Equitable | | | | |
| | -Equitable Common Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| | -Equivest - Qualified IRA | $15,001 - $50,000 | | | E |
| | -Equivest - Non-Qualified IRA | $15,001 - $50,000 | | | |
| JT | American Bank | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | First Trust | $1,001 - $15,000 | Interest | None - $200 | |

| Name Solomon P. Ortiz | Page ____ of ____ |
|---|---|

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| JT | Micron Technology Inc | Purchase | 01/02/96 | $1,001 - $15,000 |

| Name Solomon P. Ortiz | Page of |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Alliance Mortgage, Charlotte, NC | Mortgage on 1250 4th St., SW | $15,001 - $50,000 |
| | Congressional Federal CU | Consumer Loan | $15,001 - $50,000 |
| JT | Principal | Margin Acount | $15,001 - $50,000 |
| JT | Mercantile Bank, Corpus Christi, Texas | Loan to Amtex Security - Transfered from Bank of Robstown to Mercantile | $15,001 - $50,000 |

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Name Solomon P. Ortiz | Page ___ of ___

## SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | $ |
| | | $ |

| Name Solomon P. Ortiz | Page ___ of ___ |
|---|---|

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Chinese National Association of Industry & Commerce | Mar 30 - Apr 9 | Wash., DC - Taipie, Taiwan - Corpus Christi | Y | Y | N | |
| Chinese People's Institute of Foreign Affairs | Jun 29 - Jul 8 | Wash., DC - Shanghi - Guanghow - Beijing - Wash., DC | Y | Y | N | |
| Bilkent University | Aug 10 - 18 | Corpus Christi, TX - Istanbul - Ankara - Izmir - Corpus Christi, TX | Y | Y | Y | |
| Chinese National Association of Industry and Commerce | Dec 8 - 13 | Corpus Christi, TX - Taipei, Taiwan - Corpus Christi, TX | Y | Y | N | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| President | Amtex Security Inc - Corpus Christi, TX |
| Board Member | Congressional Hispanic Caucus |
| Board Member | Overcoming Obstacles |
| Board Member | National Association of Latino Elected Official |

| Name Solomon P. Ortiz | Page __ of __ |
|---|---|

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 PM 3:21

HAND DELIVERED

(Office Use Only)

Michael Garver Oxley
(Full Name)

2233 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-2676

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Ohio District 4th | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and may be reviewed by the Committee on Standards of Official Conduct upon its request. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Weichert Realtors | Spouse Commissions | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C.<br>XYZ Magazine | Speech<br>Article | Feb. 2, 1996<br>Aug. 13, 1996 | $2,000<br>$500 |
| National Electrical Manufacturers Association | Speech | 3/19/96 | $2,000 |
| Stevens Law Firm, Washington, D.C. | Speech | 3/12/96 | $ 500 |
| Smith Barney | Speech | 3/28/96 | $2,000 |
| Snack Food Association | Speech | 5/15/96 | $2,000 |
| Investment Company Institute | Speech | 5/2/96 | $2,000 |
| Washington Campus, Washington, D.C. | Speech | 2/13/97 | $ 500 |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name OXLEY



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP / DC / JT | Block A | | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | The Ohio Bank - Keough Plan | | | | X | | | | | | | | | | | X | | | | N/A | | | | | | | | | |
| | Wright Patman Fed. Credit Un. | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| | Bank One | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| | Northwestern Mutual Life (IRA) | | | | X | | | | | | | | | | | X | | | | N/A | | | | | | | | | |
| SP | Nations Bank VA | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

2514

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OXLEY



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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2515

## SCHEDULE IV — TRANSACTIONS

Name OXLEY



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | N/A | | | | | | | | | | | | | | |

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2516

Name OXLEY



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B | C | D | E | F | G | H | I | J | K |
| | | | $10,001–$15,000 | $15,001–$50,000 | $50,001–$100,000 | $100,001–$250,000 | $250,001–$500,000 | $500,001–$1,000,000 | $1,000,001–$5,000,000 | $5,000,001–$25,000,000 | $25,000,001–$50,000,000 | Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Congressional Study Group on Germany | Apr. 9 - Apr. 12 | Wash.,D.C.-St. Louis Missouri | Y | Y | N | N |
| | Association of American Railroads | Apr. 12- Apr. 15 | St. Louis-Monterey Monterey-Dulles | Y | Y | Y | N |
| | Ripon Educational Fund | Nov. 8 - Nov. 21 | Wash.,D.C.-Rome | Y | Y | Y | Y (6 days) |
| | Transatlantic Policy Network | Nov. 21- Nov. 23 | Rome - Brussels Brussels - Wash., D.C. | Y | Y | Y | N |

This page may be copied if more space is required.

| Name | OXLEY | Page 8 of 8 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| N/A | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO: 1987 — 38-554 (Back)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

(3)

97 MAY 15 PM 4:07

FILED IN THE OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

Ronald C Packard
(Full Name)

2372 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202 225 3906

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CA District 48 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS-** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald C. Packard

DATE (Month/Day/Year)

2520

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP, DC, JT *Examples* SP Mega Corp Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT 1st Nat'l Bank of North County (stock) | $15,001 - $50,000 | Capital Gains | None - $200 | NA |
| JT coin collection | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| JT investment diamonds | $15,001 - $50,000 | Capital Gains | None - $200 | NA |
| SP Dean Whitter Self Directed IRA Manor Care (stock) | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| Self Directed IRA Bix Energy (Stock) | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| Self Directed IRA Xicor (stock) | $1,001 - $15,000 | Capital Gains | None - $200 | NA |

2521

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| SP | Manor Care (stock in self directed IRA) | Sold | 10-25-96 | $1,001 - $15,000 |

2522

RON PACKARD
48TH DISTRICT, CALIFORNIA

COMMITTEE:
APPROPRIATIONS
SUBCOMMITTEES:
CHAIRMAN: MILITARY CONSTRUCTION
TRANSPORTATION
FOREIGN OPERATIONS

☐ 2372 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0548
(202) 225-3906

# Congress of the United States
## House of Representatives

PLEASE REPLY TO:
☐ 221 EAST VISTA WAY
SUITE 206
VISTA, CA 92084
(619) 631-1384

☐ 629 CAMINO DE LOS MARES
SUITE 204
SAN CLEMENTE, CA 92673
(714) 496-2343

196

me

HAND DELIVERED

May 14, 1997

The Honorable Robin Carle
Clerk of the House
106 Cannon House Office Building
Washington, D.C. 20515

1

97 MAY 15 PM 4:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Dear Ms. Carle:

In preparing my Financial Disclosure for 1996, I discovered an inadvertent omission from my 1995 Financial Disclosure. From May 27, 1995 to June 4, 1995 my wife and I traveled to Greece and Cyprus to observe issues related to United States foreign policy there and in the Balkan region generally.

The American Hellenic Institute assumed all of the expenses for our trip. I regret that this trip was omitted from my original Disclosure, and I assure you that the omission was entirely inadvertent.

Please contact my office if you have any questions.

Sincerely,

Ron Packard

Ron Packard
Member of Congress

RP/ej

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 20 PM 5:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

2524

Ronald C Packard
(Full Name)

2372 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3906

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State CA District 48 | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Ron Packard

DATE (Month/Day/Year): 5-20-97

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure–Destination–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug. 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| I 69 Mid-Continent Highway Coalition Inc | 11/6/96 to 11/9/97 | San Diego, - CA McAllen, TX - San Diego, CA | Y | Y | Y | NA |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 22 PM 2:39

AND DELIVERED

(Office Use Only)

A

2526

FRANK J PALLONE JR.
(Full Name)

1187 OCEAN AVE
(Mailing Address)

LONG BRANCH, NJ 07740

Daytime Telephone 202-225-4671

Filer Status: [X] Member of the U.S. House of Representatives — State NJ, District 6th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank Pallone Jr.

DATE (Month/Day/Year): 5/22/97

P 2

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name FRANK J PALLONE JR



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Examples | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | E, S, P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | Examples | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| JT | CRESTAR Bank - Washington DC - Accounts | | | | X | | | | | | | | | X | | X | | | | X | | | | | | | | | |
| | Professional FCU Accounts | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | First Union Bank Long Branch, N.J. Accounts | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Crestar Bank - Washing DC - Accounts | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| SP | General Electric Co. Gree Pension | | | | | | X | | | | | | | Pension | | | | | | | | | | X | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK J PALLONE JR.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P. S. E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | National Financial Services Crestar Securities Corp - Richmond Va | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Eaton Vance Massachusetts Nat - Muni Bd Fd | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | - MFS OTC Fd Cl B | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | - MFS Total Return Fd Cl B | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | - U.S Treas - CPN | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC | National Financial Services Crestar Securities Corp - Richmond Va | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - MFS Research Fd Cl A | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | - Crestfunds Inc Cash Reserve | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | - MFS Emerging Growth Fund Cl B | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| SP | National Financial Services Crestar Securities Corp Richmond Va | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SEP/IRA Accounts | | | | X | | | | | | | | X | | | X | X | | | | NA-IRA | | | | | | | | |
| SP | First Union Bank Long Branch NJ Accounts | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | First Union Bank Washington, DC Accounts | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| HONORARY MEMBER of BOARD | RAINBOW FOUNDATION |
| HONORARY MEMBER of BOARD | RANNEY SCHOOL TINTON FALLS NJ. |
| MEMBER of BOARD | ZIMMERLI MUSEUM RUTGERS UNIVERSITY |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Michael James Pappas
Full Name
[illegible] Washington St, S.E. Apt 7[illegible]
Mailing Address
Rocky Hill, NJ 08553
Daytime Telephone
202-225-5801

(Office Use Only)

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| | | | |
|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State: NJ District: 12 | ☐ Officer or Employee | Employing Office |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☑ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☑

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☑ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☑

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☑

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☑

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☑

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes ☑ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☑

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Data is regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☐

EXEMPTION — Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☑

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Michael J. Pappas

DATE (Month/Day/Year): 05/11/97

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Name Michael James Driggers | Page 1 of 3

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Saggas Insurance Agency, Somerset, NJ | Salary | 20,141.46 |
| County of Somerset, Somerville, NJ | Salary | 19,178.00 |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Page 2 of 3 |
|---|---|
| Michael James Scaggs | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael Francis Geygan



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**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | N.J. Public Employees Retirement Syst. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Phoenix-Home Life (IRA) | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Geygan Insurance Agency (shares) | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Tel-Max (shares) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael James Rogers



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Michael James Riggs | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |

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Name Michael James Sayers | Page 6 of 8

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B | C | D | E | F | G | H | I | J | K |
| | | | $10,001–$15,000 | $15,001–$50,000 | $50,001–$100,000 | $100,001–$250,000 | $250,001–$500,000 | $500,001–$1,000,000 | $1,000,001–$5,000,000 | $5,000,001–$25,000,000 | $25,000,001–$50,000,000 | Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Member, Bd of Trustees | Somerset Medical Center (uncompensated) Rehill Ave., Somerville, NJ |
| Chairman, Bd. of Social Services | Somerset County Bd. of Social Services (uncompensated) East Highth, Somerville, NJ |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1987 - 181-956(Rev.)

Use additional sheets if more space is required.

2938

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A For use by Members, officers, and employees

97 JUN 10 PM 12:29

HAND DELIVERED

(1)

97 MAY 16 PM 11:30

Michael James Pappas
(Full Name)

130 Washington St, P.O. Box 70
Rocky Hill, NJ 08553
(Mailing Address)

Daytime Telephone 202-225-5801

MC MAY 12 1997
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State NJ District 12 | ☐ Officer or Employee | Employing Office |
| Report Type | ☑ Annual (May 15) | ☑ Amendment | ☐ Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☑ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☑ | No ☑ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☑ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ | No ☐ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**.. Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes ☐ | No ☑ |
| **EXEMPTION**.. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil or criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL Michael J. Pappas Michael J. Pappas

DATE (Month/Day/Year) 06/10/97 05/11/97

2539

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 10:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

(6)

Paul Michael "Mike" Parker
(Full Name)

2445 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5865

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State MS District 04 | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) MAY 12, 1997

2540

Name Paul Michael "Mike" Parker | Page 2 of 6

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20. | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP DC JT *Examples* SP Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT The Mississippi Hush Puppy Company - 50 Creekview Lane S.E. - Brookhaven, Mississippi 39601 | $50,001 - $100,000 | Dividends | None - $200 | P |
| IRA, USAA Investment, San Antonio, Texas | $15,001 - $50,000 | Capital Gains and Dividends | NA | |
| SP IRA, USAA Investment, San Antonio, Texas | $15,001 - $50,000 | Capital Gains and Dividends | NA | |
| JT Liberty Corporation - Greenville, South Carolina | None - $1,000 | Dividends | None - $200 | |
| CMA Money Fund - Merrill Lynch | None - $1,000 | Interest | None - $200 | |
| SP CMA Money Fund - Merrill Lynch | None - $1,000 | Interest | None - $200 | |
| SP AIM - Equity Funds - Constellation Funds | $15,001 - $50,000 | Capital Gains | $1,001 - $2,500 | |
| SP Delaware Group Delcap Fund - Concept 1 Ser | $15,001 - $50,000 | Capital Gains and Dividends | $2,501 - $5,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Franklin Federal Tax Free Inc Fund | $15,001 - $50,000 | Dividends | None - $200 | S |
| SP | Franklin Federal Tax Free Inc Fund | $1,001 - $15,000 | Dividends | None - $200 | S |
| | MFS Municipal Income Fund - Class B | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | MFS Municipal Income Fund - Class B | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| | Santa Fe Pacific Gold | $1,001 - $15,000 | Capital Gains and Dividends | $2,501 - $5,000 | |
| SP | Santa Fe Pacific Gold | $1,001 - $15,000 | Capital Gains and Dividends | $2,501 - $5,000 | |
| | Oppenheimer Discovery F SBI | $15,001 - $50,000 | Capital Gains | $5,001 - $15,000 | |
| JT | Gabelli Small Cap Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| JT | Neuberger and Berman Genesis Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| JT | Berger Funds - 100 Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| JT | Berger Funds - 101 Fund/Renamed Berger Growth and Income Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| JT | Berger Funds - Small Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| JT | USAA Tax Exempt Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | USAA Aggressive Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| JT | Janus Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| JT | USAA Income Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| JT | USAA Income Stock Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| JT | U S Treasury Bonds | $1,001 - $15,000 | Interest | $201 - $1,000 | S |
| SP | EV Marathon Greater China Growth Fund | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Merrill Lynch Dragon Fund Inc Class B | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | |
| SP | Merrill Lynch International Equity Fund Class B | $1,001 - $15,000 | Dividends | None - $200 | |
| | EV Marathon Greater China Growth Fund | $1,001 - $15,000 | Dividends | None - $200 | |
| | Merrill Lynch Dragon Fund Inc Class B | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | |
| | Merrill Lynch International Equity Fund CLB | $15,001 - $50,000 | Dividends | $201 - $1,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Keystone Tax Exempt TR | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| | Keystone Tax Exempt TR | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | Merrill Lynch Conn. Municipal BD Fund CLB | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | |
| | Merrill Lynch Conn. Municipal BD Fund CLB | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | |
| SP | Seligman Communications CLD | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | |
| | Seligman Communications CLD | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | |
| SP | Burlington Northern Santa Fe | $1,001 - $15,000 | Dividends | None - $200 | |
| | Burlington Northern Santa Fe | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | Neuberger and Berman Guardian Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| JT | Neuberger and Berman Guardian Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| | Neuberger and Berman Guardian Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| | Janus Mercury Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| SP | Janus Mercury Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| | Fidelity Advisor - Series 2 - Growth Opportunity Portfolio | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | S |
| SP | Fidelity Advisor - Series 2 - Growth Opportunity Portfolio | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | S |
| SP | Parker Funeral Home, Inc | None - $1,000 | Collected Bad Debts | $2,501 - $5,000 | |
| SP | U. S. One | $50,001 - $100,000 | Capital Gains and Dividends | None - $200 | P |
| | U. S. One | $50,001 - $100,000 | Capital Gains and Dividends | None - $200 | P |
| JT | GFG Farms, Incorporated | $250,001 - $500,000 | Capital Gains and Dividends | None - $200 | |
| SP | Hominy Ridge, Inc. Franklin County, Mississippi | $250,001 - $500,000 | Capital Gains and Dividends | None - $200 | |
| JT | M & R Services, Inc | $50,001 - $100,000 | Capital Gains and Dividends | None - $200 | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | Fidelity Advisor - Series 2 Growth Opportunity Portfolio | Sold | 05/02/96 | $1,001 - $15,000 |
| SP | Fidelity Advisor - Series 2 Growth Opportunity Portfolio | Sold | 05/02/96 | $1,001 - $15,000 |
| | U. S. One, Inc. | Purchase | 02/29/96 | $50,001 - $100,000 |
| SP | U. S. One, Inc. | Purchase | 02/29/96 | $50,001 - $100,000 |
| | Franklin Federal Tax Free Inc. Fund | Sold | 06/10/96 | $1,001 - $15,000 |
| | Franklin Federal Tax Free Inc. Fund | Sold | 09/17/96 | $1,001 - $15,000 |
| | Franklin Federal Tax Free Inc. Fund | Sold | 12/05/96 | $1,001 - $15,000 |
| SP | Franklin Federal Tax Free Inc. Fund | Sold | 06/10/96 | $1,001 - $15,000 |
| SP | Franklin Federal Tax Free Inc. Fund | Sold | 09/17/96 | $1,001 - $15,000 |
| SP | Franklin Federal Tax Free Inc. Fund | Sold | 11/26/96 | $15,001 - $50,000 |
| JT | The Mississippi Hush Puppy Company | Purchase | 06/14/96 | $1,001 - $15,000 |
| JT | U. S. Treasury Bond (1) | Sold | 08/15/96 | $1,001 - $15,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization; any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| President | GFG Farms, Inc. 50 Creekview Lane, S.E., Brookhaven, Mississippi 39601 |
| President | M and R Services, Inc. 50 Creekview Lane S.E., Brookhaven, Mississippi 39601 |
| President | The Mississippi Hush Puppy Company 50 Creekview Lane S.E., Brookhaven, Mississippi 39601 |

2545

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 PM 12: 11

U.S. HOUSE OF REPRESENTATIVES

MAY - 9 1997 (6)

MC

(Office Use Only)

William James Pascrell Jr
(Full Name)

441 Ninth Avenue
(Mailing Address)

Paterson New Jersey 07514

201-523-5152
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State New Jersey District 8 | [ ] Officer or Employee | Employing Office ____ Termination Date ____ |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [X] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: William J. Pascrell Jr.

DATE (Month/Day/Year): 5/3/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | N/A |
| | City of Paterson (H) | Mayor | 46,024 |
| | State of New Jersey (H) | Assemblyman | 33,304 |
| | Your Staff Inc (H) | Office Work | 24,482 |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William James Pascrell



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A: Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | | | Lexington County School District | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| ✓ | | | City of Perth Amboy | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| ✓ | | | County of Essex | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| ✓ | | | Alkest Inc | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| ✓ | | | Evergreen Mission Trust | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| ✓ | | | Ryan Beck | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: William James Pascarell

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | First Union Bank | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| ✓ | Chase Manhattan Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| ✓ | Dime Savings Bank | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| ✓ | Republic Bank | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| ✓ | PNC Bank | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| ✓ | U.S. Savings & Bonds | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| ✓ | Marketing One Securities | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | |
| ✓ | Hudson United Bank (IRA) | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | |
| ✓ | Fidelity Investments (IRA) | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | |
| ✓ | Pulman Investments (IRA) | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| ✓ | Value (Deferred Comp) | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | |

This page may be copied if more space is required.

Name William James Pascrell | Page 5 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | NA | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NJ State Chamber of Commerce | Chamber Train Ride To Washington | $ 279 |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Board Member | St Josephs Hospital |
| Board Member | Barrett Memorial Hospital |
| Board Member | City of Paterson Boys & Girls Club |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |



Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 14 AM 9:40

(7)

Edward L. Pastor
(Full Name)

1151 West Thomas Road
(Mailing Address)

Phoenix AZ 85013

Daytime Telephone 202-225-4065

HAND DELIVERED
(Office Use Only)

| Filer Status | | | | | |
|---|---|---|---|---|---|
| | X | Member of the U.S. House of Representatives | State AZ District 02 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you, or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Edward Pastor

DATE (Month/Day/Year): May 12, 1997

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | AZ. Dept of Education, Phoenix, AZ | Spouse Salary | 22,107 |
| | US House of Representatives, Wash DC | Salary | 133,600 |
| | WESTED, Inc., San Francisco, CA | Spouse Salary | 32,684 |
| | Arizona State Retirement System, Phoenix, AZ | Spouse retirement benefits | 16,225 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT | Residential lot, Guadalupe, AZ | $1,001 - $15,000 | | None - $200 | |
| SP | Bank One Chkg, Phx, AZ | None - $1,000 | Interest | None - $200 | |
| SP | AZ State CU (IRA), Phoenix, AZ | $1,001 - $15,000 | Interest | NA | |
| | Bank One (IRA), Phoenix, AZ | $1,001 - $15,000 | Interest | NA | |
| SP | AZ St Retire System, Phx AZ | $50,001 - $100,000 | Interest, Employer contributio | NA | |
| | AZ St Retire System, Phx AZ | $15,001 - $50,000 | Interest | NA | |
| SP | PEBSCO-Def Comp, Phx AZ | $15,001 - $50,000 | Interest, capital gains | NA | |
| JT | Central Life Ins., Phx AZ | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | AZ Emp CU, Phx, AZ | $1,001 - $15,000 | Interest | $201 - $1,000 | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Thrift Savings, Wash DC | $50,001 - $100,000 | int, dividends, capital gains | NA | |
| Cong. Fed CU, Wash., DC | $1,001 - $15,000 | Interest | $201 - $1,000 | |

Name Edward L. Pastor | Page 5 of 7

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| JT | Bank of America, Phx, AZ | Mortgage on 1151 W. Thomas Rd., Phoenix, AZ | $15,001 - $50,000 |
| JT | Bank One, Phx, AZ | 2nd Mortgage on 1151 W. Thomas Rd. Phx., AZ | $10,001 - $15,000 |
| | Norwest Mortgage, Palatine, IL | Mortgage on 649 C St. SE #304, Washington, DC | $50,001 - $100,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 8-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Southwest Voter Registration & Education Institute | Feb 19-23 | Phx-Miami-Havana-Miami-Wash DC | Y | Y | N | N |
| National Association of Senior Citizens | July 2 | Phx-Chicago-Phx | N | N | N | N |
| National Council of La Raza | July 13-15 | Phx-Denver-Phx | Y | Y | N | N |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Chairman | Congressional Hispanic Caucus, Washington, DC |
| Chairman | Congressional Hispanic Caucus, Inst., Wash., DC |
| Boardmember | National Assn of Latino Elected Officials, Wash, DC |
| Boardmember | Neighborhood Housing Services of America, Oak CA |
| Boardmember | Phoenix Memorial Hospital Primary Care Bd., Phx AZ |
| Advisory Boardmember | People with AIDS Coalition of Tucson, AZ |
| Chairman | Mercy Housing of Arizona Fundraising Campaign, Phoenix, AZ |
| Honorary Committee Member | Arizonans for Fairness Coalition, Phoenix, AZ |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

FEDERAL ELECTION COMMISSION
97 MAY 16 AM 11: 37

(10)

Ronald E. Paul
(Full Name)

2422 Bluewater Highway
(Mailing Address)

Daytime Telephone
(409) 265-3034

Surfside, Texas 77541

MC MAY 13 1997
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State TX District 14 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | X | |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | X | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | | X |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | X | |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** | | X |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | | X |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ron Paul

DATE (Month/Day/Year): 5/12/97

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| Name Ronald E. Paul | Page 2 of 10 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Ronald E. Paul, M.D. Association | Salary | 60,000 |
| Ron Paul & Associates, Inc. | Salary | 14,000 |
| Ron Paul & Associates, Inc. | Auto Allowance | 1,700 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald E. Paul



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | | Block B | | | | | | | | | | Block C | | | | | Block D | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* SP | Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 56 Flag Lake Plaza | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 504 West Hwy 332 | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | C & R Shrimp Co., Inc. | | | | | | X | | | | | | | Sub S Corp Ordinary Inc. | | | | | | | | | | | | X | | | | |
| | Swim-Ten, Inc. | | | | | | X | | | | | | | Sub S Corp Ordinary Inc. | | | | | | X | | | | | | | | | | |
| | Lake Jackson OB-GYN Office Account | | X | | | | | | | | | | | Partnership Income | | | | | | X | | | | | | | | | | |
| | CARR, Ltd. | | | | | | X | | | | | | | Partnership Income | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Carona Limited | | | | | X | | | | | | | Partnership Income | | | | | | X | | | | | | | | | | |
| | Ron Paul & Associates, Inc. | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Alexandria Condominium | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Oyster Creek Acreage | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | West Columbia Townhouse | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Coins | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Defined Benefit Cash Accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Rydex Ursa | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Pegasus | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Amax | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Free McMoran | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Manville | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Sunshine | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Minorca | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Dundee Corp. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Granges | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Royal Oak | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Santa Fe | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Goldcorp | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | TVX | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Western Mining | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Agnico Eagle | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Echo Bay | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Hemlo | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Hecla | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Homestake | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Placer Dome | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Barrick | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Battle Mountain | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Glamis | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | First National Bank Savings Account | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Ronald E. Paul



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Manville Common Stock | | X | | 5-10-96 | | X | | | | | | | | |
| | Rydex Ursa Stock | X | | | 5-10-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B | C | D | E | F | G | H | I | J | K |
| | | | $10,001–$15,000 | $15,001–$50,000 | $50,001–$100,000 | $100,001–$250,000 | $250,001–$500,000 | $500,001–$1,000,000 | $1,000,001–$5,000,000 | $5,000,001–$25,000,000 | $25,000,001–$50,000,000 | Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Countrywide Funding Corp. | Mortgage 504 W Hwy 332 | | | X | | | | | | | |
| | Texas Gulf Bank | Mortgage 56 Flag Lake Plaza | X | PAID | OFF | IN | 1996 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Ronald E. Paul, M.D. Association |
| President | Ron Paul & Associates, Inc. |
| President | C & R Shrimp Co., Inc. |
| President | Swim-Ten, Inc. |
| Partner | Lake Jackson OB-GYN Office Account |
| Partner | Carona Limited |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | CARR. Ltd. |
| Honorary Chairman | Foundation for Rational Economics and Education, Inc. |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN -9 PM 3:53

(10)

Ronald E. Paul
(Full Name)

2222 Bluewater Highway
(Mailing Address)

Surfside, Texas 77541

Daytime Telephone
(409) 265-3034

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State: TX District: 14 — [ ] Officer or Employee — Employing Office

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you, your spouse, or a dependent child have "unearned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its representative. Any individual who knowingly and willfully falsifies or willfully fails to file this report may be subject to civil penalties and criminal sanctions (see 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ron Paul

DATE (Month, Day, Year): 6/6/97

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| Name Ronald E. Paul | Page 2 of 10 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Orlando County Board of Education | Spouse Salary | NA |
| Ronald E. Paul, M.D. Association | Salary | 60,000 |
| Ron Paul & Associates, Inc. | Salary | 14,000 |
| Ron Paul & Associates, Inc. | Auto Allowance | 1,700 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald E. Paul



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP / DC / JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 56 Flag Lake Plaza, Lake Jackson, TX | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 504 West Hwy 332, Lake Jackson, TX | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | C & R Shrimp Co., Inc., Lake Jackson TX - Fishing business - inactive | | | | | X | | | | | | | Sub S Corp Ordinary Inc. | | | | | | | | | | | X | | | | | |
| | Swim-Ten Inc. - Lake Jackson, TX Recreational Business | | | | | X | | | | | | | Sub S Corp Ordinary Inc. | | | | | | X | | | | | | | | | | |
| | Lake Jackson OB-GYN Office Account Lake Jackson, TX - Medical Business | X | | | | | | | | | | | Partnership Income | | | | | | X Terminated 12-31-96 | | | | | | | | | | |
| | Medical Bldg 5A Flag Lake Plaza Lake Jackson, TX by CARR, Ltd. | | | | | X | | | | | | | Partnership Income | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul



| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 40 Acres Farmland, Hwy 332, Lake Jackson, TX held by Carona Ltd. | | | | | X | | | | | | | Family Ltd. Partnership | | | | | | X | | | | | | | | | | |
| | Ron Paul & Associates, Inc. - Lake Jackson, TX - Newsletter Publication | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Condominium - 5300 Holmes Run Parkway Alexandria, VA | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Acreage - 9 B.T. Archer, Lots 70-72, 1-4, 30-33, 49 - Oyster Creek, TX | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Townhouse - 1856 Veranda Drive West Columbia, TX | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Coins - Semi-numismatic | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | First National Bank of Lake Jackson Defined Benefit Cash Accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Rydex-Ursa Fund (Mutual Fund) 6116 Exec. Blvd. #400, Rockville, MD | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Pegasus Gold Inc. Common Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Amax Gold Inc. Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Freeport McMoran Copper & Gold Inc. Step-up convertible preferred shares | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Manville Corp. Common Stock | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | S |
| | Sunshine Mining & Refining Co. Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Minorco Common Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Dundee Bancorp Inc. Class A Common Stk | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Vista Gold Corp. Common Stock (Formerly Granges Inc.) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Royal Oak Mines Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Pacific Gold Corp. Common Stock (Formerly Santa Fe) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Goldcorp Inc. Class A Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | TVX Gold Inc. Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | WMC Limited Common Stock (Western Mining) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Agnico Eagle mines Ltd. Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Echo Bay Mines Ltd. Common Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Battle Mountain Gold Co. Common Stock (Formerly Hemlo) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Hecla Mining Co. Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Homestake Mining Co. Common Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Placer Dome Inc. Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Barrick Gold Corp. Common Stock (Formerly American Barrick) | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Glamis Gold Ltd. Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Battle Mountain Gold Co. Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul ,



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | First National Bank Lake Jackson, TX Savings Account | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Manville Corp. Common Stock | | X | | 5-10-96 | | X | | | | | | | | |
| | Rydex-Ursa Fund | X | | | 5-10-96 | X | | | | | | | | | |
| | Amax Gold Inc. Common Stock | X | | | 6-16-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Countrywide Funding Corp. | Mortgage 504 W Hwy 332 | | | X | | | | | | | |
| | Texas Gulf Bank, Lake Jackson, TX | Mortgage 56 Flag Lake Plaza | X | PAID | OFF | IN | 1996 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude**: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Ronald E. Paul, M.D. Association |
| President | Ron Paul & Associates, Inc. |
| President | C & R Shrimp Co., Inc. |
| President | Swim-Ten, Inc. |
| Partner | Lake Jackson OB-GYN Office Account (Closed out on 12-31-96) |
| Partner | Carona Limited |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



Use additional sheets if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | CARR, Ltd. |
| Honorary Chairman | Foundation for Rational Economics and Education, Inc. |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

TOLL FREE TELEPHONE NUMBER:
1-(800) 453-8330

DISTRICT OFFICES:
1500 MAIN STREET
WILLIAMSVILLE, NY 14221
(716) 634-2339
(716) 631-7610 (FAX)

10 EAST MAIN STREET
VICTOR, NY 14564
(716) 742-1600
(716) 742-1976 (FAX)

CAPITOL OFFICE:
2412 RAYBURN
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5265
(202) 225-5910 (FAX)

INTERNET ADDRESS:
rep.paxon@mail.house.gov

# Congress of the United States
## House of Representatives

**BILL PAXON**
27TH DISTRICT, NEW YORK

SATELLITE OFFICES:
(BY APPOINTMENT)

420 EAST MAIN STREET
BATAVIA, NY 14020

4 COURT STREET, ROOM 109
GENESEO, NY 14454

611 WEST WASHINGTON STREET
GENEVA, NY 14456

10 LEACH ROAD
LYONS, NY 14489

117 FALL STREET
SENECA FALLS, NY 13148

38 NORTH MAIN STREET
WARSAW, NY 14569

May 15, 1997

13

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 2:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Clerk
US House of Representatives
Legislative Resource Center
B 106 Cannon Office Building
Washington, DC 20515

Dear Madam Clerk:

In accordance with the rules of the House of Representatives, I am enclosing my financial disclosure forms for calendar year 1996.

As spouses are required to disclose certain information a s well, attached is a copy of the financial disclosure forms for my wife, Representative Susan Molinari.

Sincerely,

BILL PAXON
Representative

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PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

**Form A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE INTEGRITY COMMITTEE
97 MAY 15 PM 2 15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(12)

HAND DELIVERED

MC

(Office Use Only)

2580

L. William Paxon
(Full Name)

251 Wedgewood Drive
(Mailing Address)

Williamsville NY 14221

Daytime Telephone 202/225-5265

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | X Member of the U.S. House of Representatives | State NY District 27 | ☐ Officer or Employee | Employing Office | |
| **Report Type** | X Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**: Have you excluded from this report any other assets, unearned income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** — **DATE** (Month/Day/Year) 5/15/97

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | US House of Representatives (voluntary disclosure) | Salary | $133,258 |
| | US House of Representatives | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br>For further information, see Instructions, pages 14-20. | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| SP<br>DC *Examples*<br>JT | SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Thrift Savings Retirement Plan (voluntary disclosure $145,835.90) | $100,001 - $250,000 | Dividends | NA | |
| | 1993 Ford Tempo (voluntary disclosure $5,675) | $1,001 - $15,000 | NA | NA | |
| | Personal residence - 251 Wedgewood Drive (voluntary disclosure) Estimated Value $160,000 Owed to Mellon Mortgage $105,305 Mellon Escrow Account Balance $1,863 Escrow Account Interest $45 | $100,001 - $250,000 | Interest | None - $200 | |
| JT | Residential Property - 511 Woodland Terrance, Alexandria, VA 22302 (voluntary disclosure) Estimated Value - $400,000 Owed to American Home Funding $364,879 Escrow Balance $923 | $250,001 - $500,000 | NA | NA | |
| | Spousal assets are disclosed on attached filing | | | | |

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## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

| SP, DC, J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Mellon Mortgage, Houston, TX (Voluntary disclosure $105,305) | Mortgage/Personal Residence 251 Wedgewood Drive, Williamsville, NY | $100,001 - $250,000 |
| JT | American Home Funding, Richmond, VA (voluntary disclosure $364,879) | Mortgage/Residential Property 511 Woodland Terrace, Alexandria, VA | $250,001 - $500,000 |

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## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce<br>Mega Corporation | Mar 2<br>Aug 6-13 | Wash., D.C.-Chicago-Wash., D.C.<br>Wash., D.C.-Los Angeles-Cleveland | N<br>Y | N<br>Y | N<br>Y | N<br>4 Days |
| Asia Pacific Exchange Foundation | Dec. 2-13 | Buffalo-Beijing-Guangzhou-Hong Kong-Myanmar-Singapore-Buffalo (voluntarily disclosed cost of $9050) | Y | Y | N | No |
| Spousal travel disclosed on attached filing | | | | | | |

2584

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 2:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Susan Molinari
(Full Name)

460 Clawson Street
(Mailing Address)

Staten Island NY 10306

Daytime Telephone: 202 225-3371

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NY District: 13 | [ ] Officer or Employee | Employing Office: | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: | |

**A $200 penalty shall be assessed against anyone who files more tha 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Susan Molinari

**DATE** (Month/Day/Year) 5-14-97

2585

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| See Spousal Disclosure | | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| CNBC - Washington, DC | Guest Host/Interview | Jan 29, 1996 | $600.00 |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| For further information, see instructions, pages 14-20 | | | | |
| SP<br>DC *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| 460 Clawson St SI NY 10306 | | $100,001 - $250,000 | Rent | $5,001 - $15,000 | NA |
| SP See Spousal Disclosure | | | | | |

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Name Susan Molinari | Page 5 of

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liabilit |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | | | |
| SP | See Spousal Disclosure | | |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Glamour Magazine | Nov 11,-12 | Sarasota Fl - New York - Sarasota | Y | Y | N | NO |
| See Spousal Disclosure | | | | | | |

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## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

| Position | Organization |
|---|---|
| Board Member | March of Dimes, Staten Island Chapter |
| Member | Public Affairs Committee, Greater NYC March of Dimes |
| Board Member | Wagner College |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 19 PM 4:54
U.S. HOUSE OF REPRESENTATIVES
MAY 15 1997
(Office Use Only)

Donald Milford Payne
(Full Name)

71 Bock Avenue
(Mailing Address)

Daytime Telephone

Newark, New Jersey 07112

Filer Status: [X] Member of the U.S. House of Representatives — State: NJ District: 10 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III — Yes [X] No [ ]

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Donald M. Payne

DATE (Month/Day/Year): May 15, 1997

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| Name | Page 2 of 9 |
|---|---|
| Donald M. Payne | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Virginia Historical Society | Speech | Feb. 22, 1996 | $1000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Donald M. Payne



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | | | | | | | | | | | |
| SP | Mega Corp Stock | | | | X | | | | | | | |
| | 123 Main St., Dover, Del | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | |
| | Conrail Stock | | | | | X | | | | | | |
| | First Union Bancorp Stock | | | | X | | | | | | | |
| | Copeland Companies Pension Plan | | | | X | | | | | | | |
| | Smith Barney Shearson IRA | | | | | X | | | | | | |
| | 19 Bock Avenue | | | | | | X | | | | | |
| | Merck & Co. Stock | | | X | | | | | | | | |

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

| | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST |
|---|---|---|---|---|---|---|
| Mega Corp Stock | X | | | | | |
| 123 Main St., Dover, Del | | X | | | | |
| 1st Bank of Paducah, KY accounts | | | X | | | |
| Conrail Stock | X | | | | | |
| First Union Bancorp Stock | X | | | | | |
| Copeland Companies Pension Plan | | | | | | |
| Smith Barney Shearson IRA | | | | | | |
| 19 Bock Avenue | | X | | | | |
| Merck & Co. Stock | X | | | | | |

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

| | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Mega Corp Stock | | X | | | | | | | | |
| 123 Main St., Dover, Del | | | | | | | X | | | |
| 1st Bank of Paducah, KY accounts | | | | X | | | | | | |
| Conrail Stock | | | | X | | | | | | |
| First Union Bancorp Stock | | | | X | | | | | | |
| Copeland Companies Pension Plan | | | | | | | | | | |
| Smith Barney Shearson IRA | | | | | | | | | | |
| 19 Bock Avenue | | | | | X | | | | | |
| Merck & Co. Stock | | X | | | | | | | | |

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | P, S, E |
|---|---|
| Mega Corp Stock | P |
| 123 Main St., Dover, Del | |
| 1st Bank of Paducah, KY accounts | |
| Conrail Stock | |
| First Union Bancorp Stock | |
| Copeland Companies Pension Plan | |
| Smith Barney Shearson IRA | |
| 19 Bock Avenue | |
| Merck & Co. Stock | |

For additional assets and unearned income, use next page.

Name Donald M. Payne | Page 4 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | First Union Bank, Newark, N.J. | Mortgage on 19 Bock Avenue | | | X | | | | | | | |
| | Broad National Bank, Newark N.J. | Home Equity Loan | | X | | | | | | | | |
| | Smith Barney | Loans against stock | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Speech at US/ Japan Legislative Exchange Program sponsored by US/Japan Economic Agenda | Jan. 16-20 | NY-Tokyo- NY | Y | Y | N | N |
| | Speech at San Bernidino Valley College Sponsored by associated students of San Bernidino College | Feb. 11-13 | Newark,N.J.-Ontario-Newark | N | N | N | N |
| | Aspen Institute Conference on " Preparing Youth for the 21st Century" | Feb. 16-19 | Newark, N.J. - West Palm Beach, FL- Newark | Y | Y | N | N |
| | Speech at UNESCO Conference Sponsored by University of Texas At Austin | Feb. 21 | Newark-Austin- Newark,NJ | N | N | N | N |
| | Speech to Virginia Historical Society | Feb.22-23 | Newark NJ-Richmond-Newark | Y | Y | N | N |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Speech to the City Club of Cleveland | Apr. 12 | Newark N.J. -Cleveland-Newark | N | Y | N | N |
| Speech at National Student Leadership Conference Sponsored by Chicago State University | Apr. 20-21 | Newark-Chicago-Newark | Y | Y | N | N |
| Speech at Frank Cahill Memorial Lecture Series sponsored by the American Ireland Foundation Education fund | Aug. 4-7 | New York-Belfast-New York | Y | Y | N | N |
| Speech at National Urban LEague Convention | Aug. 11-13 | Newark-New Orleans-Newark | Y | Y | N | N |
| Aspen Institue Conference on " US Realtions with Russia And Ukraine" | Aug 15-23 | Newark-St. Petersburg-Newark | Y | Y | N | N |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Fact-Finding Trip to Mozambique sponsored By Africare | Nov. 7-11 | New York-Mozambique-New York | Y | Y | N | N |
| Aspen Institute Conference | Nov-12-17 | Newark-Lisbon-Newark | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Advisory Council | U.S. Committee for UNICEF |
| Board of Trustees | Newark Boys' & Girls' Club |
| Board of Directors | Newark Day Center |
| Board of Directors | Newark YMWCA |
| Board of Directors | Congressional Award Foundation |
| Board of Directors | Congressional Black Caucus Foundation |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mar)

Use additional sheets if more space is required.

Donald M. Payne

| | |
|---|---|
| Board of Directors | Newark Fighting Back Initiatives |
| Board of Directors | National Endowment for Democracy |
| Commission Member | Advisory Commission on Intergovernmental Relations |

2600

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 21 PM 4:44

Donald Milford Payne
(Full Name)

21 Bock Avenue
(Home Address)

Newark, New Jersey 07112
NJ

Daytime Telephone

MC HAND DELIVERED (2)
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State: NJ District: 10 — [ ] Officer or Employee — Employing Office

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [ ] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [ ]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [ ]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Donald M. Payne

DATE (Month/Day/Year): 5/21/97

2601

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Donald M. Payne

Page of

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Type of Income | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT (Examples) | SP Mega Corp Stock | | | | X | | | | | | | | X | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | X | | | | | | | |
| | 19 Bock Avenue | | | | | X | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 JUN -9 PM 3:53

Donald Milford Payne
(Full Name)

21 Bock Avenue
(Mailing Address)

Newark, New Jersey 07112

Daytime Telephone

DATE DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | ☐ Member of the U.S. House of Representatives | State District | ☐ Officer or Employee — Employing Office |
| Report Type | ☐ Annual (May 15) | ☒ Amendment | ☐ Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☐ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☐ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☐ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☐ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☐ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☐ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☐ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☐ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Donald M. Payne

DATE (Month/Day/Year): 6/9/97

2603

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | | | | | | | | | | Block C: Type of Income | | | | | Block D: Amount of Income | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Smith Barney Shearson IRA (Smith Barney Consulting Group Trak Program | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

2604

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 15 PM 3:29

(6)

Edward Allan Pease
(Full Name)

226 Cannon House Office Building 20515 202-225-5805
(Mailing Address) Daytime Telephone

NO HAND DELIVERY
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State IN District 7 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL [signature] DATE (Month/Day/Year) 5-15-97

2605

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Indiana State University | salary as vice president | $27,805.86 |
| | Legal consulting fees as sole practitioner | gross fees from all clients | $30,000.00 |

For payments to charity in lieu of honoraria, use Schedule II.

2606

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward Allan Pease



2607

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 5125 E. Old Maple Ave, TH | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | S |
| | Teachers Insurance and Annuity Association/College Retirement Equities Fund | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | |
| | Mass. Mutual Life Insurance Co. | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Edward Allan Pease



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | 5]25 E. Old Maple Ave, Terre Haute | | X | | 4-]0-96 | | | | | X | | | | | |

This page may be copied if more space is required.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Citizens Bank of Western Indiana | Mortgage - 5125 E. Old Maple | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| none | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member of the Board | Wabash Valley Council, Boy Scouts of America |
| Member | National Advisory Council, Boy Scouts of America |
| Director | Indiana State University Foundation |
| Director | Historic Landmarks Foundation of Indiana |
| Director | Visiting Nurses Association |
| Director | National Interfraternity Conference and NIC Foundation |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | TIAA/CREF (see Schedule III) | retirement annuity |
| | | |
| | | |
| | | |
| | | |
| | | |

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**Use additional sheets if more space is required.**

97 MAY 15 AM 9:09

(B)

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

FORM A
For use by Members, officers, and employees

NANCY PELOSI
(Full Name)

ONE BUSH STREET, SUITE 1100
SAN FRANCISCO, CA 94104
(Mailing Address) (Daytime Telephone)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State CA District 8th | [ ] Officer or Employee | Employing Office | |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** | Yes [XX] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes [XX] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [XX] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [XX] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [XX] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [XX] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Nancy Pelosi

DATE (Month/Day/Year): May 14, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| *Examples:* State of Maryland | Legislative Pension | $9,000 |
| *Examples:* Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| *Examples:* Ontario County Board of Education | Spouse Salary | NA |
| Nancy Pelosi | (none) | |
| Spouse: | | |
| Financial Leasing Services, Inc. | Salary | N/A |
| Auberge Associates | Management Fee | N/A |
| Potomac Investment Associates | Management Fee | N/A |
| Yerac Associates (Carey Associates) | Management Fee | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | None | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Nancy Pelosi



**BLOCK A — Asset and/or Income Source**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**
at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**
If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**
For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Examples: 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | Examples: 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | ACT Networks Common Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Ashlar, Inc., Sunnyvale, CA Common Stock | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Auberge de Soleil, Rutherford, CA | | | | | | | X | | | | | X | X | | | | | | | | | | X | | | | | |
| | Owns and operates a hotel resort. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Bank of America, San Francisco, CA | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Savings account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Borel Estate Company | | | | | X | | | | | | | | X | X | | | | | | | | | X | | | | | |
| | Owns shopping center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | B.F. Enterprises Public common stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Cannondale Corp. Public common stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Carey (Yerac) Assoc., LP, San Francisco, CA | | | | | | | | X | | | | X | | X | | | | | | | | | | | X | | | |
| | Limosine business | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Carey International, Washington, DC | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | Common and preferred stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Castelle Inc., Santa Clara, CA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Common and preferred stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Chalone, Inc., Public common stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Compurad Inc., Common stock | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Container Programs, Inc. San Francisco, CA | | | | | | | X | | | | | | | | | | | | | | | | | | X | | | E |
| | Equipment leasing company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Convest Energy Corp. Public common stock | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | S |
| JT | Congressional Credit Union, Wash. D.C. | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | EDI Associates (Hotel Investment), Mill Valley, CA | | | | | | X | | | | | | X | X | | | | | | | | | | | X | | | | |
| SP | Entertainment Express, S.San Francisco, CA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Operates cable TV services | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Fiberstar, Inc. Public Common Stock | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Financial Leasing Services, San Francisco, CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| | Leasing and investment company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Forty-Five Belden Corp., San Francisco, CA | | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | |
| | General Partner of Carey Assoc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Fritz Companies, Inc. Common stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Fusion Medical Tech., Inc. Common Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Grantline 208, LP., Sacramento, CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| | 208 acres of raw land | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Genway Corp., Chicago, IL Comm stock Grantor Trust | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Getty Communications PLC Common stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Hambrecht & Quist Group Common stock | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | McGrath Rentcorp Public common stock | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | P |
| SP | Microtest, Inc. Public common stock | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mosher Partners, LP, Sacramento, CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| | 550 acres raw land | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | NationsBank, Washington, DC | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | savings account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Nautilus Leasing Services | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Container leasing company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Netscape Communications, Corp. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Public common stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Nine Hundred One Battery Street | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | San Francisco, CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Real estate partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Odwalla, Inc. Public Common Stock | | | | | X | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | PIA-A Avenel, Potomac, MD | | | | | | X | | | | | | | X | X | | | | | | | | | | X | | | | |
| | Real estate development | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | PIA-Natelli Communities, Gathersburg, MD | | | | | | X | | | | | | | | | | | | | | | | | | | | | | P |
| | Real estate development company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Piatti Restaurant Co., Tiburon, CA | | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | |
| | Restaurant operating company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Potomac Investment Assoc., Gaithersburg, MD | | | | | | | | X | | | | X | | | X | | | | | | | | | X | | | | |
| | Real estate development company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Read-Rite Corp., Milpitas, CA | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | Public common stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Robert Half International | | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | Public common stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | San Ysidro Ranch, LP, Montecito, CA | | | | | X | | | | | | | | X | X | | | | | | | | | X | | | | | |
| | Owns resort hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | San Ysidro Ranch Management Co. | | | | | | X | | | | | | | X | X | | | | | | | | | X | | | | | |
| | Montecito, CA Manages resort hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Tampa Investment Assoc., Westlake Village, CA | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | S |
| | Dividend from Potomac Inv. Assoc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Telltabs, Inc. | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | Public common stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Trux-gate Associates, LP Sacramento, CA | CA | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | E |
| | Real estate partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Union Bank, San Francisco, CA | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Savings account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Vanguard Airlines, Inc. | | | | X | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Public common stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Alpine Place, Alpine Meadows, CA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Condominium apartment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | 45 Belden Place, San Francisco, CA Four story commercial building | | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Nancy Pelosi



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP | 3239 Webster St., San Francisco, CA | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | Single family residence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Skellenger Lane, Napa, CA | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | |
| | 8 acre vineyard | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Zinfandel Lane, St. Helena, CA | | | | | | | | X | | | | | X | | | | | | | | | | | | X | | |
| | 18 acre vineyard and rental property | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Nancy Pelosi



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | Compurad common stock | X | | | 08/28/96 | X | | | | | | | | | |
| SP | Container Programs, Inc., Common stock | | | X | 04/30/96 | | | | | | | | | | X |
| SP | Convest Energy Corp., Common stock | | X | | 12/20/96 | X | | | | | | | | | |
| SP | Fritz Companies Common stock | X | | | 07/26/96 | | X | | | | | | | | |
| SP | Fusion Medical Tech. Common Stock | X | | | 06/28/96 | | X | | | | | | | | |
| SP | Genway Corp. (final liquidation) | | X | | 12/30/96 | X | | | | | | | | | |
| SP | Getty Communications Common stock | X | | | 07/02/96 | X | | | | | | | | | |
| SP | Hambrecht & Quist Group Common stock | X | | | 08/09/96 | X | | | | | | | | | |
| SP | Natelli Communities (increased investment) | X | | | 6/30/96 | | X | | | | | | | | |
| SP | Odwalla, Inc. (increased investment) | X | | | 11/08/96 | | X | | | | | | | | |
| SP | Tampa Investment Associates (full liquidation) | | X | | 12/31/96 | | X | | | | | | | | |
| SP | Trux-Gate Lt. (partial exchange of assets) | | | X | 10/17/96 | | | | | | | | | | X |
| SP | Vanguard Airlines (increased investment) | X | | | 09/10/96 | | | X | | | | | | | |
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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Placer Savings, CA | Mortgage on Alpine Place Alpine Meadows, CA | | | X | | | | | | | |
| SP | Home Savings, CA | Mortgage on 3239 Webster St. San Francisco, CA | | | | | X | | | | | |
| SP | Wells Fargo Bank, San Francisco, CA | Mortgage on 45 Belden Place SanFrancisco, CA | | | | | | | X | | | |
| JT | Bank of America | Mortgage on 11 Zinfandel Lane St. Helena, CA | | | | | | | X | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | None | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

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## SCHEDULE V — LIABILITIES (Continued)

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example.* | *First Bank of Wilmington, Delaware* | *Mortgage on 123 Main St., Dover, Del.* | | | | X | | | | | | |
| SP | Nations Bank, Washington, DC | Line of Credit | | | | | X | | | | | |
| SP | Union Bank, San Francisco, CA | Line of Credit | | | | | | X | | | | |
| SP | Hambrecht & Quist, San Francisco, CA | Margin Account | | | | | | X | | | | |
| SP | Portsmouth Securities, San Francisco, CA | Margin Account | | X | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example.* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | None | |
| | | |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | The Aspen Institute Conference St. Petersburg, Russia | Aug. 19-24 | San Francisco, CA-St.Petersburg, Russia St.Petersburg, Russia-Chicago, IL | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Directors | National Italian American Foundation |
| Board of Directors | World Center |
| Board of Directors | Congressional Asian Pacific American Caucus Institute (resigned 3/22/96) |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
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GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 5:19

9

Collin C. Peterson
(Full Name)

Route 2 Box 287
(Mailing Address)

Detroit Lakes, MN 56501

Daytime Telephone
202-225-2165

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: MN District: 07 | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 15, 1997

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| Name | Collin C. Peterson | Page 2 of 9 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Collin C. Peterson | Page 3 of 9 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Collin C. Peterson



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Peterson Fox, Inc. -common stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Lakeland Estates, Inc. notes & common stock | | | X | | | | | | | | | | | X | X | | | X | | | | | | | | | | |
| | Lakewest Properties - partnership | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Bekkerus Schott & Co.-contract | | | | X | | | | | | | | | | X | X | | | | | | | X | | | | | | |
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For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Collin C. Peterson



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Collin C. Peterson



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Peterson Fox, Inc.: 50% ownership | demand loan created when the stock was issued 1/1/90 | | X | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Mid-Am Dairymen, Inc. | Mar 25 | Detroit Lakes-Kansas City Mo-DCA | N | N | N | N |
| | Ashland Oil | July 12 | Wash.D.C.-Ashland-Thief River Falls | N | N | N | |
| | Mid-Am Dairymen, Inc. | Oct.19-21 | Detroit Lakes-Mobridge-Detroit Lakes | Y | Y | N | |

This page may be copied if more space is required.

| Name | Collin C. Peterson | Page 9 of 9 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| President & Unpaid Director | Peterson Fox, Inc. |
| President & Unpaid Director | Lakeland Estates, Inc. |
| Partner | Lakewest Properties |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 12-27-90 | self & Bekkerus Schott & Co., Ltd. | payments for former business payable over 6 years |

GPO 1997 28-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 APR 30 AM 10: 08

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

(5)

2635

John E Peterson
(Full Name)

248 N Main
(Mailing Address)

Pleasantville PA 16341

Daytime Telephone 814/589-5241

| Filer Status | | Member of the U S House of Representatives | State PA District 05 | Officer or Employee | Employing Office |
|---|---|---|---|---|---|
| | X | | | | |

| Report Type | | Annual (May 15) | Amendment | Termination | Termination Date |
|---|---|---|---|---|---|
| | X | | | | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period?
**If yes, complete and attach Schedule I** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
**If yes, complete and attach Schedule I** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?
**If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period?
**If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?
**If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)?
**If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)?
**If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year?
**If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity?
**If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) — Yes [ ] No [X]

EXEMPTIO Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL John E Peterson

DATE (Month/Day/Year) 4/23/97

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Pennsylvania Senate | Salary | $56,180 84 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John E Peterson

Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| jt | 288 N Main, Pleasantville, PA | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| jt | 130 N. 2nd St., Pleasantville, PA | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| jt | IDS Growth Fund, Class A | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| jt | Prudential-Utility Fund | | | X | | | | | | | | | | IRA | | | | | | | | NA | | | | | | | | | |
| jt | Prudential-Common Stock Fund | | | X | | | | | | | | | | Variable Appreciaable Life | | | | | | | | | | | | | | NA | | | |
| jt | Prudential-Nat. Res. Fund | | X | | | | | | | | | | | same as above | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John E. Peterson



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| jt | Prudential High Dividend Stock Fund | | x | | | | | | | | | | same as previous | | | | | | | | | | | | | | | | | |
| jt | Prudential Equity Income Fund | | x | | | | | | | | | | | IRA | | | | | | | NA | | | | | | | | | |
| jt | Timber Sale | | | | x | | | | | | | | sale | | | | | | | | | | x | | | | | | | |
| jt | Seres Mutual Fund | | | | | | | | | | | | | IRA | | | | | | | NA | | | | | | | | | |
| jt | Northstar Growth Fund | | | | | | | | | | | | | IRA | | | | | | | NA | | | | | | | | | |
| jt | Putnam Fund | | | | | | | | | | | | | IRA | | | | | | | NA | | | | | | | | | |
| jt | Larbarge, Inc | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | | | |

This page may be copied if more space is required.

| Name John E Peterson | Page 5 of 5 |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge account*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| JT | Northwest Savings Bank | Prime Line | $15,001 - $50,000 |

JOHN E. PETERSON
5TH DISTRICT, PENNSYLVANIA

COMMITTEES
EDUCATION AND THE WORKFORCE
RESOURCES

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-3805

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 JUN 12 AM 9:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Office of the Clerk of the House
Room H-154
The Capitol

6-11-97 ✓ (1)
MC

Dear Sir:

Please amend my candidate financial disclosure form to show my ownership of 150 Shares of LaBarge, Inc., a publicly traded company (Amex-LB). The value of this holding is less than $1,500.

I have owned these shares for 25 years

If there are any questions, please contact my AA, Bob Ferguson at 5-5121

Thank you.

Cordially,

John E. Peterson

John E. Peterson
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -6 AM 11:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

THOMAS E. PETRI
(Full Name)

N5329 DE NEVEU LANE
FOND DU LAC, WISC. 54935
(Mailing Address)

414-922-1180
Daytime Telephone

MC HAND DELIVERED (11)
(Office Use Only)

Filer Status: [✓] Member of the U.S. House of Representatives — State WISCONSIN District SIXTH; [ ] Officer or Employee — Employing Office

Report Type: [✓] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [✓] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [✓]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [✓] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [✓] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [✓] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [✓]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [✓] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [✓] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [✓]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [✓]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [✓]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas E. Petri

DATE (Month/Day/Year): May 12, 1997

2641

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NATIONAL ALUMNAE FORUM | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

2642

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. E. PETRI



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Examples | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | | SP | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | Mega Corp Stock | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | X | | | | | | | |
| | | | WISCONSIN RETIREMENT ACCT. | | | X | | | | | | | | X | | X | X | | | NA | | | | | | | | | |
| | | | STRONG TOTAL RETURN | | | X | | | | | | | | X | | X | X | | | NA | | | | | | | | | P |
| | | | STRONG GROWTH FUNDS | | X | | | | | | | | | X | | X | X | | | NA | | | | | | | | | P |
| | | | JANUS FUNDS | | | | X | | | | | | | X | | X | X | | | NA | | | | | | | | | P |
| | | | FIRSTAR CORP. STOCK | | | | | | | X | | | | X | | | | | | | | | | | X | | | | P, S |
| | | | AMERICAN HOME PRODUCTS STOCK | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

2643

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. Petri



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Express Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Walgreen Co., Stock | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | S |
| | Bandag Co., Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| | Association Bancorp, Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Dole Co., Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Overseas Shipholding Group, Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Commerce Clearing House Stock | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | S |
| | Castle & Cooke Stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | E |
| | Marshall & Ilsley Bank, Stock | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | Northwest Mutual Life Ins | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Berkshire Hathaway, Stock | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | P |
| | UAL Corp, Stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Lloyd's of London | | | | X | | | | | | | | | | X | X | | | | | | | X | | | | | | P |
| | Merrill Lynch Cash Management Acct | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Fiserv Trust, Cash | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. PETRI



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, E, S, |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Portico U.S. Treasury Fund | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | U.S. Treasury Bonds & Notes | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | A.T.&T. Corp., Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Airtouch Communications, Stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | American Electric Power, Stock | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Ameritech Corp, Stock | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Bell Atlantic Corp., Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Bell South Corp., Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Giddings & Lewis, Inc., Stock | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Nynex Corp, Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Pacific Telesis Group, Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | SBC Communications, Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | U.S. West, Communications Inc. Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Lucent Technologies Inc, Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | E |
| | U.S. West, Inc. Media Group | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. PETRI



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | EQUITAS, TRUST | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | E |

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## SCHEDULE IV — TRANSACTIONS

Name T. E. PETRI



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Example: Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | STRONG TOTAL RETURN FUND | X | | | ICA DIVIDEND REINVESTMENT | X | | | | | | | | | |
| | STRONG GROWTH FUND | X | | | " | | | | | | | | | | |
| | JANUS FUNDS | X | | | " | X | | | | | | | | | |
| | FIRSTAR CORP, STOCK | X | | | 3/5/96 | X | | | | | | | | | |
| | FIRSTAR CORP., STOCK | X | | | 5/29/96 | X | | | | | | | | | |
| | FIRSTAR CORP., STOCK | X | | | 8/28/96 | X | | | | | | | | | |
| | FIRSTAR CORP., STOCK | X | | | 12/3/96 | X | | | | | | | | | |
| | FIRSTAR CORP., STOCK | | X | | 10/21/96 | | X | | | | | | | | |
| | WALGREEN CORP., STOCK | | X | | 10/21/96 | | X | | | | | | | | |
| | AMERICAN EXPRESS, STOCK | X | | | 1/26/96 | | X | | | | | | | | |
| | BANAG CO., STOCK | X | | | DIVIDEND REINVESTMENT | | | | | | | | | | |
| | ASSOCIATED BANCORP, STOCK | X | | | " | | | | | | | | | | |
| | COMMERCE CLEARING HOUSE, STOCK | | X | | 1/4/96 | | | X | | | | | | | |
| | CASTLE & COOKE, STOCK | | | X | STRIPPED SPIN OFF FROM DOLE | X | | | | | | | | | |
| | BERKSHIRE HATHAWAY, STOCK | X | | | 11/29/96 | | | X | | | | | | | |
| | LLOYD'S OF LONDON | X | | | 9/12/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name T. E. PETRI



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | U.S. TREASURY BONDS & NOTES | | X | | 1/8/96 SOLD OR EXCHANGED | | X | | | | | | | | |
| | LUCENT TECHNOLOGIES INC, STOCK | | | X | 10/24/96 SOLD OR EXCHANGED | X | | | | | | | | | |
| | EQUITAS, TRUST | | | X | 10/1/96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Merrill Lynch | Loan secured by Stock | | | | | X | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NAT'L GOVERNOR'S ASSOC. | JULY 14-15 | WASH, DC - SAN JUAN - WASH. DC | Y | Y | N | N |
| | FORMER MEMBERS OF CONGRESS | NOV. 12-15 | WASH, D.C. - BONN - [redacted] - WASH, D.C. | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| PARTNER | LLOYDS, UNDERWRITING INSURANCE AGENTS, LONDON, ENGLAND |
| DIRECTOR | SOCIETY INSURANCE, FOND DU LAC, WISCONSIN |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



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(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

OWEN BRADFORD PICKETT
(Full Name)

2430 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-4215

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: VA District: 02 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Owen B Pickett

DATE (Month/Day/Year): May 15, 1997

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | | | |
| | | | |
| | Commonwealth of VA DCP-State Retire. | Pension - Full Pay Out | $41,000 |
| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| | | | $ |
| Armed Forces Marketing Council | Speech | 03/13/96 | $ 1,000 |
| | | | $ |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples:* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | | | | |
| | Brass Circle Assocs. Note Receivable | None - $1,000 | Capital Gains | $100,001 - $1,000,000 | S |
| | 1412 Linlier Dr., Va. Beach, VA | None - $1,000 | Capital Gains | $15,001 - $50,000 | S |
| | Beverly Enterprises-Mortgage Receivable | $250,001 - $500,000 | Interest & Capital Gains | $15,001 - $50,000 | |
| | Cranston Lane Assocs. (Business. Ownership, rental, improvement & sale of real estate, Va. Beach, VA) | $250,001 - $500,000 | Rent & Interest | $15,001 - $50,000 | |
| | Shipps Corner Nursery Co. | None - $1,000 | | None - $200 | E |
| | Lynnhaven Station Co. (Business. Ownership & rental of commercial offices, Va. Beach, VA) | $250,001 - $500,000 | Rent & Interest | $5,001 - $15,000 | |
| | Sherwood Crossing Assocs. (Business. Apartment | $15,001 - $50,000 | Rent & Interest | $1,001 - $2,500 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | construction & rental, Richmond, VA) | | | | |
| | Toll South Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA) | $250,001 - $500,000 | Rent | $15,001 - $50,000 | |
| | Caroline County, VA Farms (1052 acres plus 328 acres half-interest) | $1,000,001 - $5,000,000 | Rent | $5,001 - $15,000 | P |
| | Harrell Farm Co. (Business: Farm Investments, Va Beach, VA) | None - $1,000 | Capital Gains | $50,001 - $100,000 | S |
| | Magnolia Meadows Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA) | $250,001 - $500,000 | Rent & Interest | $15,001 - $50,000 | |
| | GRA Independence Assocs | None - $1,000 | Capital Gains | $15,001 - $50,000 | S |
| | Acreage, Hanover Co., VA (1/2 Int. in 28 acres) | $250,001 - $500,000 | | None - $200 | |
| | Sylakama, Inc. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA) | $250,001 - $500,000 | Rent, Interest & Capital Gains | $100,001 - $1,000,000 | |
| | Princess Anne Bank CD | $250,001 - $500,000 | Interest | None - $200 | |
| | VA Retirement System | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |
| SP | Cenit Bancorp Inc | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | |
| SP | Nationwide Health Properties | ~~$500,001 - $1,000,000~~ 250,001 - 500,000 | Dividends | $15,001 - $50,000 | |
| SP | Capital One Financial Corp | $15,001 - $50,000 | Dividends | None - $200 | |
| SP | Chase Manhattan Corp | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Mid-America Realty | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | First Union Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Ford Motor Co | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | HRE PPTYS | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | IRT PPTY Co (Georgia) | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| SP | MGI Properties | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| SP | Signet Banking Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Money Market - Cash | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| SP | | | | | |
|---|---|---|---|---|---|
| | IRA - Paine Webber Acct | | | | |
| | BRE Properties (formerly Real Estate Inv TR CAL SBI) | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | Ethyl Corp | $1,001 - $15,000 | Dividends | None - $200 | P |
| | General Electric | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| | HRE Properties | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | IRT Property Co | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | MGI Properties | $1,001 - $15,000 | Dividends | None - $200 | |
| | Nationwide Health PPTY Inc | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | |
| | Mid-America Realty | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | RMA Gov't Portfolio (Cash/MM) | None - $1,000 | Dividends | $201 - $1,000 | S |
| | Paine Webber CashFund | $1,001 - $15,000 | Dividends | None - $200 | P |
| | IRA (Self) - Paine Webber Acct | | | | |
| | BRE Properties (formerly Real Estate Inv Tr Cal SBI) | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| | Capital One Fincl Corp | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| | Chase Manhattan Corp New (Chase Manhattan/Chemical Banking Corp Merged) | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | |
| | EastGroup Properties SBI (formerly Copley PPTYS Inc.) | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| | Ethyl Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | Federal Rlty Inv TR | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| | First Union Corp | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| | Georgia Pacific Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | HRE PPTYS | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| | IRT Property Co | $15,001 - $50,000 | Dividends | $2,501 - $5,000 | P |
| | Loral Space & Communications Lmt | $1,001 - $15,000 | Dividends | None - $200 | P |
| | LSI Logic Corp | $1,001 - $15,000 | Dividends | None - $200 | P |
| | | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Mark Centers Trust SBI | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |
| Mid-America Realty | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| Nationwide Health PPTY | $50,001 - $100,000 | Dividends | $5,001 - $15,000 | |
| Signet Banking | $50,001 - $100,000 | Dividends | $201 - $1,000 | |
| Stone Container Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| American Brands | None - $1,000 | Dividends | None - $200 | S |
| Novacare, Inc | None - $1,000 | Dividends | None - $200 | S |
| RMA Gov't Portfolio (Cash/MM) | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| MGI Properties | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | | | | |
| | | | | |
| | Brass Circle Assocs. (LIQUIDATED) | Sold | 08/16/96 | $250,001 - $500,000 |
| | 1412 Linlier Dr., Va. Beach, VA | Sold | 05/21/96 | $250,001 - $500,000 |
| | Shipps Corner Nursery Co. (EXCHANGED for Sylakama Shares) | Exchange | 08/12/96 | $250,001 - $500,000 |
| | Caroline Co. Farms (additional 257 Acres) | Purchase | 05/10/96 | $100,001 - $250,000 |
| | Harrell Farm Co. - (LIQUIDATED) | Sold | 07/29/96 | $100,001 - $250,000 |
| | GRA Independence Assocs - (LIQUIDATED) | Sold | 01/19/96 | $15,001 - $50,000 |
| SP | IRA - Paine Webber Account | | | |
| | Ethyl Corp | Purchase | 06/18/96 | $1,001 - $15,000 |
| | RMA Gov't Portfolio (Cash/MM) | Sold | 10/22/96 | $1,001 - $15,000 |
| | Paine Webber CashFund | Purchase | 12/12/96 | $1,001 - $15,000 |
| | IRA - Paine Webber Account | | | |
| | Ethyl Corp | Purchase | 02/08 & 05/08/96 | $1,001 - $15,000 |
| | IRT Property Co. | Purchase | 01/03/96 | $1,001 - $15,000 |
| | Loral Space & Communications Lmt | Purchase | 06/27/96 | $1,001 - $15,000 |
| | LSI Logic Corp | Purchase | 07/23/96 | $1,001 - $15,000 |
| | Stone Container Corp | Purchase | 01/26/96 | $1,001 - $15,000 |
| | American Brands | Sold | 07/16/96 | $1,001 - $15,000 |
| | Novacare, Inc | Sold | 06/13/96 | $1,001 - $15,000 |
| | | | | |
| | | | | |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St , Dover, Del. | $100,001 - $250,000 |
| | | | |
| | Cenit Savings Bank, Norfolk, VA - PAID OFF | Business Investments | $100,001 - $250,000 |
| | E.D. & C.D. Proffitt | Farm Mortgage - Caroline Co. | $50,001 - $100,000 |
| | Princess Anne Commercial Bank - PAID OFF | Business Investments | $250,001 - $500,000 |
| | H.W. Cunningham - LOAN 01/17; PAID OFF 08/19/96 | Business Investments | $100,001 - $250,000 |
| | M/M Plotkin | Farm Mortgage - Caroline Co. | $100,001 - $250,000 |
| | | | |

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## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar.2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| | | | | | | |
| Congressional Study Group on Germany | 11/12-11/16/96 | DC-Bonn, Germany-DC | Y | Y | N | N |
| | | | | | | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Organization |
|---|---|
| | |
| Officer & Director | Sylakama, Inc |
| Partner | Harrell Farm Co. - LIQUIDATED IN 1996 |
| Partner | Lynnhaven Station Co. |
| Partner | Brass Circle Assoc. - LIQUIDATED IN 1996 |
| Partner | Toll South Assoc. |
| Partner | Cranston Lane Assoc. |
| Partner | Shipps Corner Nursery Co. - LIQUIDATED IN 1996 |
| Partner | GRA Independence Assoc. - LIQUIDATED IN 1996 |
| Partner | Magnolia Meadows Assoc. |
| Partner | Sherwood Crossing Assoc., LP |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 2:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Joseph Russell Pitts
(Full Name)

905 Mitchell Farm Lane
(Mailing Address)

Kennett Square, PA 19348

Daytime Telephone (610) 444-4581

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State PA District 16th | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A | Yes [ ] | No [ ] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** N/A | Yes [ ] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontano County Board of Education | Spouse Salary | NA |
| | Pennsylvania House of Representatives | Legislative Salary | 62,356 |
| | Upland Country Day School | Spouse Salary | 7,448 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph Russell Pitts



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | Miracle Grow Investment Club (See attached list for which J. R. Pitts's interest is 10.51%) | | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | |
| | Commonwealth of PA Deferred Comp. Program (Administered by the Copeland Companies) | | | X | | | | | | | | | | N/A | | | | | | N/A | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Russell Pitts



| BLOCK A Asset and/or Income Source | SP, DC, JT | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Corestates Bank (formerly Meridian Bank) Savings Account | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Peoplec Bank of Oxford | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| PA State Employees Credit Union (closed in 1996) | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Phoenix Growth Fund (sold 5/17/96) | | X | | | | | | | | | | | | | | X | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Joseph Russell Pitts

Page 5 of 6

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Phoenix Growth Fund | | | X | | 05/17/96 | X | | | | | | | | | |
| | Miracle Grow Investment Club 10.51% ownership interest -- no transactions exceeded $1,000 for percentage of ownership. | | | | | | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | County Corrections Gospel Mission |
| Director | Eastern College Advisory Board |
| Director | Keystone State Games |
| Director | Greystone Society |
| Director | Crosslinks |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | (NONE) | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

U. S. House of Representatives Financial Disclosure Statement for Year 1996
Joseph Russell Pitts
Schedule III (attachment)
Miracle Grow Investment Club

| Security | Shares | 100.0% 12/31/96 Value | 10.51% 12/31/96 Value | Purchase Date | Sale Date | Original Cost | Sales Price | Realized Gain or (Loss) | 10.51% Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|---|
| Genesis Health Ventures | 30 | $934 | $98 | 02/28/95 | | $654 | | | |
| Genesis Health Ventures | 70 | $2,179 | $229 | 04/18/96* | | $2,019 | | | |
| Merck & Co | 30 | $2,378 | $250 | 04/10/95 | | $1,339 | | | |
| Merck & Co. | 70 | $5,548 | $583 | 08/12/96* | | $4,804 | | | |
| Digital Equip Corp | 30 | $1,091 | $115 | 04/10/95 | | $1,189 | | | |
| Digital Equip Corp | 30 | $1,091 | $115 | 06/05/95 | | $1,391 | | | |
| Digital Equip Corp | 40 | $1,455 | $153 | 06/12/96* | | $1,935 | | | |
| Sears Roebuck & Co | 50 | $2,306 | $242 | 10/17/95 | | $1,810 | | | |
| Pfizer, Inc | 25 | $2,072 | $218 | 02/15/96* | | $1,769 | | | |
| Checkpoint Systems, Inc | 100 | $2,475 | $260 | 04/15/96* | | $2,497 | | | |
| Hewlett Packard Co | 100 | $5,025 | $528 | 07/15/96* | | $3,935 | | | |
| WORLDCOM INC-GA | 100 | $2,606 | $274 | 10/15/96* | | $2,298 | | | |
| Cash on hand | n/a | $1,646 | $173 | n/a | | $1,646 | | | |
| Total | | $30,806 | $3,238 | | | $27,286 | | | |

Securities sold in 1996

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Browning Ferris Industries | 30 | n/a | n/a | 04/10/95 | 04/18/96 | $1,050 | $866 | ($184) | ($19) |
| I B M | 20 | n/a | n/a | 02/28/95 | 08/12/96 | $1,529 | $2,220 | $691 | $73 |
| Motorola | 60 | n/a | n/a | 01/18/96 | 08/12/96 | $3,034 | $3,332 | $298 | $31 |

O:PRO FILE : PITTS J

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 15 PM 1:30
HAND DELIVERED

(5)

Richard William Pombo
(Full Name)

1519 Longworth H.O.B.
(Mailing Address)

(202)225-1947
Daytime Telephone

Washington, D.C. 20515

(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State CA District 11 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Richard Pombo

DATE (Month/Day/Year): 5/14/97

2670

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard W. Pombo



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST) | Block D: Amount of Income (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP, DC, JT — *Examples* | SP Mega Corp Stock | D | DIVIDENDS | II | P |
| | 123 Main St., Dover, Del | F | RENT | III | |
| | 1st Bank of Paducah, KY accounts | E | INTEREST | IV | |
| | Westside Bank Common Stock | B | DIVIDENDS | II | |
| | R. Pombo Ranch II | E | Partnership | I | |

For additional assets and unearned income, use next page.

| Name | Richard W. Pombo | Page 3 of 5 |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Congressional Federal Credit Visa | Revolving Charge | X | | | | | | | | | |
| JT | Congressional Federal Credit Union | Personal Loan | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense; and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Safari Club International | 1/26-1/28 | Wash-Reno-SFO-Wash | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Partner | R. Pombo Ranch II |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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Use additional sheets if more space is required.

(4)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

**FORM A**
For use by Members, officers, and employees

Congressman Earl Pomeroy
(Full Name)

1533 Longworth House Office Building — 202-225-2611
(Mailing Address) — Daytime Telephone

MC
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State North Dakota District At-Large | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

97 MAY 15 PM 5:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2675

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl Pomeroy

DATE (Month/Day/Year): 5/15/97

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Congressman Earl Pomeroy

Page 2 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | |
| | Guarantee Mutual Life Co. | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| SP | Bank Center First (checking) | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| JT | Bank Center First (savings) | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | Congressional Federal Credit Union | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| SP | Crestar Bank | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| | Farmers and Merchants Bank | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Congressman Earl Pomeroy

Page 3 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | IDS (Savings) | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| SP | *IRA-IDS 106-3994214-2-002 | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | *IRA-IDS 124-39942414-1-002 | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| SP | *IRA-IDS 128-3994214-6-002 | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | *IRA-IDS 136-3994214-6-002 | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | *IRA-IDS 137-4242062-6-002 | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | *IRA-IDS 138-4242062-5-002 | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| SP | *Deferred Comp Plan-IDS | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | *Deferred Comp Plan-IDS | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| SP | *Public Employees Retirement System | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | *Public Employees Retirement System | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | Basement Apartment--Rental Income | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 3721 Fulton, Washington DC INVESTMENTS HELD THROUGH IDS--INVESTOR DIVERSIFIED SERVICES, MINNEAPOLIS MN 55440 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *INVESTED WITH INSTITUTION AND INDIVIDUAL HAS NO DISCRETION REGARDING PURCHASES OR SALES OF ASSETS IN ACCOUNTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D C —Chicago—Wash., D C | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | American Council of Life Insurance | 5/13-5/14 | DC - Hilton Head - DC | Y | Y | N | N |
| | Equitable Life Insurance Society of the U.S. | 11/11-11/12 | DC- New York City - DC | Y | Y | N | N |
| | American Council of Life Insurance & International Insurance | 12/5-7 | DC - LaJolla -DC | Y | N | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

HAND DELIVERED

97 JUN -9 PM 4:58

(Office Use Only)

3

Congressman Earl Ralph Pomeroy
(Full Name)

1513 Longworth House Office Building
(Mailing Address)

202-225-2511
(Daytime Telephone)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: North Dakota District: At-Large | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you, your spouse, or a dependent child receive any income (e.g., salaries or fees) of $200 or more from any source in the reporting period?
**If yes, complete and attach Schedule I** — Yes [ ] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
**If yes, complete and attach Schedule II** — Yes [ ] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?
**If yes, complete and attach Schedule III** — Yes [ ] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period?
**If yes, complete and attach Schedule IV** — Yes [ ] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?
**If yes, complete and attach Schedule V** — Yes [ ] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)?
**If yes, complete and attach Schedule VI** — Yes [ ] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)?
**If yes, complete and attach Schedule VII** — Yes [ ] No [ ]

VIII. Did you, not any reportable positions on or before the date of filing in the current calendar year?
**If yes, complete and attach Schedule VIII** — Yes [ ] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity?
**If yes, complete and attach Schedule IX** — Yes [ ] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Defined regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts," need not be described. Have you excluded from this report details about a trust pertaining you, your spouse, or dependent child? (See Instructions, pages 10-11). — Yes [ ] No [ ]

**EXEMPTION**—Have you excluded from this report any other assets, unearned income, liabilities, or transactions of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11). — Yes [ ] No [ ]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. This Statement will be available for inspection upon written application and will be reviewed by the Committee on Standards of Official Conduct as deemed appropriate. Any individual who knowingly and willfully falsifies or willfully fails to file a report may be subject to civil penalties and criminal sanctions (see 5 U.S.C. App. § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl Pomeroy

DATE (Month, Day, Year): 6/6/97

2679

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Earl Pomeroy

Page 1 of 2

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A: Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $*50,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: Type of Income | Block D: Amount of Income | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | DIVIDENDS | | | X | | | | | | | | | P |
| DC | *Examples* 123 Main St., Dover, Del | | | | | | | X | | | | | RENT | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | INTEREST | | | | | | X | | | | | | |
| | 3721 Fulton--Personal Residence Washington DC --Rental Unit w/in Dwelling | | | | | X | | | | | | | CAPITAL GAINS | | | X | | | | | | | | | |
| | | | | | | | | | | | | | EXCEPTED TRUST | | | | | | | | | | | | |
| | | | | | | | | | | | | | QUALIFIED BLIND TRUST | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

| Name | Page 2 of 2 |
|---|---|
| Earl Pomeroy | |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Norwest Bank | Mortgage on 3721 Fulton NW Washington, DC | | | | | X | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

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(12)

97 MAY 15 PM 2:14

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

JOHN EDWARD PORTER
(Name)
1625 SHERIDAN ROAD
(Mailing Address)
WILMETTE, IL 60091
847-970-0202
Day Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State ____ District ____ | [ ] Officer or Employee | Employing Office ____ |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | (5) THE HUMAN RIGHTS ALLIANCE, FDN | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| *Examples* XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| COLEMAN/BARTLETT WASHINGTON FOCUS | SPEECH | DEC 2, 1995* | $2,000 |
| FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY | SPEECH | AUG 12, 1996 | $2,000 |

*CONTRIBUTION MADE JULY 30, 1996

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN EDWARD PORTER Page 4 of 12

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | BLOCK A Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | CONG. FED. CREDIT UNION INDIVIDUAL RETIREMENT ACCT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | FRANKLIN U.S. GOVT SEC. FUND INDIVIDUAL RETIREMENT ACCT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | FIRST MIDWEST BANK, OSGEFIELD, IL IND. RETIREMENT ACCT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | FRANKLIN U.S. GOVT. SEC. FUND INDIVIDUAL RETIREMENT ACCT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | CONG. FED. CREDIT UNION INDIVIDUAL RETIREMENT ACCT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | UNDIVIDED 1/3 INTEREST IN UNDEVELOPED LOT, SEQUATCHIE HIGHLANDS | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN EDWARD PORTER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | ALLSTATE CORP STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | HOUSEHOLD CORP STOCK (CLASS A) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | BRISTOL-MYERS SQUIBB CO STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | CENTURY TELEPHONE ENTERPRISES, INC STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | CITICORP STOCK (COMMON) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | EL PASO NAT GAS CO STOCK (NEW) | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | EXXON CORP STOCK (COMMON) | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | FIRST OF AMERICA BANK CORP STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | NEWPORT NEWS SHIPBUILDING, INC. STOCK (COMMON) | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | OLIVER CORP STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | SEARS ROEBUCK & CO. STOCK (COMMON) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | TENNECO, INC. STOCK (NEW) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | TERADYNE, INC. STOCK (COMMON) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | U.S. ROBOTICS CORP. STOCK (COMMON) | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | FRANKLIN U.S. GOVT SEC FUND CLASS I | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN EDWARD PORTER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | FORD MOTOR CREDIT MEDIUM TERM NOTE 6.96% 9-15-99 | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | GENERAL MOTORS ACCEPT CORP 7% 3-1-00 BOND | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | SEARS CORP NOTE 8.45% 11-1-99 | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | ROMANO BROS. & CO. EVANSTON, IL (STOCK BROKERS) CASH ACCT | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | BALTIMORE GAS & ELEC CO. | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | BOSTON EDISON CO. | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | CENTRAL & SOUTHWEST CORP | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | EQUITABLE RESOURCE, INC. | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | FPL GROUP, INC | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | FLORIDA PROGRESS CORP | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | MADISON GAS & ELEC CO. | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | PACIFICORP | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | PECO ENERGY CO. | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | POTOMAC ELEC. POWER CO. | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * | UNICOM CORP | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN EDWARD PORTER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| * | UNISYS CORP $3.75 PFD A UNISYS | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | WPC HOLDINGS, INC | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | WESTERN RES, INC | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| * | WISCONSIN ENERGY CORP | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | TEMPLETON GROWTH FUND (CLASS I) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * | NOT OWNED ON 12-31-96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name JOHN EDWARD PORTER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | BALTIMORE GAS & ELEC CO. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | BOSTON EDISON CO. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | CENTRAL & SOUTHWEST CORP STOCK (COMMON) | | X | | 09-27-96 | | X | | | | | | | | |
| JT | EQUITABLE RESOURCE, INC STOCK (COMMON) | | X | | 09-06-96 | X | | | | | | | | | |
| JT | FLEET GROUP, INC. STOCK (COMMON) | | X | | 09-27-96 | X | | | | | | | | | |
| JT | FLORIDA PROGRESS CORP. STOCK (COMMON) | | X | | 09-06-96 | X | | | | | | | | | |
| JT | MADISON GAS & ELEC CO. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | RECO ENERGY CO. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | PACIFICORP STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | POTOMAC ELEC POWER CO. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | ANICOM CORP. STOCK (COMMON) | | X | | 04-19-96 | X | | | | | | | | | |
| JT | UNISYS CORP. STOCK (PFD 3.75 A) | | X | | 09-06-96 | X | | | | | | | | | |
| JT | WPL HOLDINGS, INC. STOCK (COMMON) | | X | | 09-27-96 | X | | | | | | | | | |
| JT | WESTERN RES., INC. STOCK (COMMON) | | X | | 09-06-96 | X | | | | | | | | | |
| JT | WISCONSIN ENERGY CORP. STOCK (COMMON) | | X | | 09-27-96 | | X | | | | | | | | |
| JT | AMPHENOL CORP. STOCK (CLASS A) | X | | | 09-27-96 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | CENTURY TELEPHONE ENTERPRISES, INC. STOCK (COMMON) | X | | | 05-15-96 | X | | | | | | | | | |
| JT | OLITEN CORP. STOCK (COMMON) | X | | | 09-27-96 | X | | | | | | | | | |
| JT | TERADYNE, INC STOCK (COMMON) | X | | | 09-27-96 | X | | | | | | | | | |
| JT | TERADYNE, INC STOCK (COMMON) | X | | | 05-15-96 | X | | | | | | | | | |
| JT | U.S. ROBOTICS CORP. STOCK (COMMON) | X | | | 09-06-96 | | X | | | | | | | | |
| JT | U.S. ROBOTICS CORP. STOCK (COMMON) | X | | | 09-30-96 | X | | | | | | | | | |
| SP | TEMPLETON GROWTH FUND, INC (CLASS I) | X | | | 12-17-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example.* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | CONG. FED. CREDIT UNION | LINE OF CREDIT | | X | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example.* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | THE ASPEN INSTITUTE | APR 8–APR 14 | WASH, D.C. – ROME, ITALY – WASH, D.C. | Y | Y | Y | N |
| | SHARED MEDICAL SYSTEMS | APR 28–APR 29 | WASH, D.C. – TUCSON, ARIZ – WASH, D.C. | Y | Y | Y | ~~Y~~ |
| | BURROUGHS WELLCOME FUND | JUL 26–JUL 29 | WASH, D.C. – ASHEVILLE, N.C. – WASH, D.C. | Y | Y | Y | Y |
| | THE AMERICAN HEALTH FOUNDATION | OCT 7–OCT 8 | WASH, D.C – NY, N.Y. – WASH, D.C. | Y | Y | N | N |
| | CHICAGO COUNCIL ON FOREIGN RELATIONS | NOV 12–NOV 19 | WASH, D.C. – MARBELLA, CHILE – WASH, D.C. | Y | Y | Y | Y |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude**: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| BOARD MEMBER | POPULATION RESOURCE CENTER |
| CO-CHAIRMAN | CONGRESSIONAL HUMAN RIGHTS CAUCUS |
| PRESIDENT & CHAIRMAN | GENERAL SERVICES CORPORATION |
| CO-CHAIRMAN | GLOBE USA |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 12: 27

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

ROBERT J PORTMAN
(Full Name)

203 MIAMI AVENUE
(Mailing Address)

TERRACE PARK OH 45174

Daytime Telephone 202-225-3164

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U S House of Representatives | State OH District 02 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL: Robert J. Portman

DATE (Month/Day/Year): 5/15/97

2694

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Richard Saunders, International, Cincinnati, Ohio | Spouse's Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| SP<br>DC, *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | NUVEEN MUNICIPAL VALUE FUND | $50,001 - $100,000 | Interest | $5,001 - $15,000 | |
| | ASHWOOD FARMS, INC. SPRINGBORO, OH (WARREN CO) | $1,001 - $15,000 | Dividends | None - $200 | |
| | GRADISON U.S. GOVT. RESERVES | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |
| | GOLDEN LAMB TRUST - LAND, BLDG LOCATED IN LEBANON, OH | $50,001 - $100,000 | Rent | $15,001 - $50,000 | |
| | LEBANON HOUSE INC. - CINCINNATI, OH | $250,001 - $500,000 | Dividends | $1,001 - $2,500 | |
| | GRADISON-MCDONALD OHIO TAX FREE INCOME FUND | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| | GRADISON-MCDONALD ESTABLISHED VALUE FUND | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | P |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | GRADISON MCDONALD OPPORTUNITY VALUE FUND | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | P |
| | PORTMAN EQUIPMENT COMPANY - CINCINNATI, OH | $500,001 - $1,000,000 | Dividends | $100,001 - $1,000,000 | |
| | PEAVLER PTN - LAND AND BLDG - CINCINNATI, OH AND ERLANGER KY | $250,001 - $500,000 | Rent | $50,001 - $100,000 | |
| | ORCHARD STREET PROPERTIES, CINCINNATI, OH | None - $1,000 | Rent | None - $200 | |
| | MARIEMONT VILLAGE PROPERTIES - LIMITED PARTNERSHIP | $1,001 - $15,000 | Rent | $201 - $1,000 | |
| | TAIT HOUSE APARTMENTS LTD - APT BLDG - BRUNSWICK, GEORGIA | $1,001 - $15,000 | Rent | None - $200 | |
| | PROCTOR & GAMBLE CO | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | IRA, COLLIER BROWNE & SCHICKLING CERTIFICATE OF ACCRUAL TREASURY | $1,001 - $15,000 | Interest | $1,001 - $2,500 | S |
| | IRA, COLLIER BROWNE & SCHICKLING FREEPORT MCMORAN COOPER & GOLD | $1,001 - $15,000 | Capital Gains | None - $200 | S |
| | IRA, COLLIER BROWNE & SCHICKLING - MOBIL CORP DEBS | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | GRAYDON HEAD & RITCHEY - RETIREMENT PLAN, CINCINNATI, OH | $15,001 - $50,000 | NA | | |
| | GRADISON-MCDONALD INTERNATIONAL FUND | $50,001 - $100,000 | Dividends | None - $200 | P |
| | ADVANCE HANDLING SYSTEMS, INC - NOTE RECEIVABLE | $15,001 - $50,000 | Interest | $2,501 - $5,000 | |
| SP | COLONIAL STRATEGIC INCOME FUND | $50,001 - $100,000 | Dividends | $5,001 - $15,000 | |
| SP | VMBF INTERMEDIATE TERM | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | |
| SP | ALEX BROWN CASH RESERVE FUND | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| SP | GRADISON MCDONALD MUNICIPAL CASH SERIES | $1,001 - $15,000 | Interest | None - $200 | P |
| SP | GRADISON MCDONALD US GOVERNMENT RESERVES | $1,001 - $15,000 | Interest | $201 - $1,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | IRA ALEX BROWN & SONS WINSTON SALEM, NC | $15,001 - $50,000 | Interest | NA | |
| SP | FLAGSHIP LTD TERM | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | NUVEEN MUNICIPAL VALUE FUND | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | |
| SP | SALEM TRUST BANK | $1,001 - $15,000 | Dividends | None - $200 | |
| SP | AMERICAN EXPRESS CO NONCALL NOTES | $1,001 - $15,000 | Interest | None - $200 | |
| DC | FLAG INVESTORS EQUITY A FUND | $1,001 - $15,000 | Dividends | None - $200 | P |
| DC | FLAG INVESTORS EQUITY A FUND | $1,001 - $15,000 | Dividends | None - $200 | P |
| DC | PROCTOR & GAMBLE CO | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| DC | JOSEPH D PORTMAN IRRV TRUST | | | | |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | P |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | FOUNTAIN SQUARE MID CAP FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| DC | PROCTOR & GAMBLE CO | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| DC | WILLIAM D PORTMAN IRRV TRUST | | | | |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | P |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | FOUNTAIN SQUARE MID CAP FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| DC | FLAG INVESTORS EQUITY A FUND | $1,001 - $15,000 | Dividends | None - $200 | P |
| DC | SARAH D PORTMAN IRRV TRUST | | | | |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| | FOUNTAIN SQUARE MID CAP FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | IRA, COLLIER BROWNE SCHICKLING CASH, MILFORD, OH | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |

NOTE: THE ASSETS HELD IN THE JOAN F PORTMAN FAMILY TRUST F/B/O OF ROBERT J PORTMAN WERE DISTRIBUTED TO ROBERT J PORTMAN DURING 1996. THE VALUE OF THE ASSETS DISTRIBUTED ARE REFLECTED AS INDIVIDUAL HOLDINGS ON SCHEDULE III

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | COLLIER, BROWN & CO - MILFORD, OHIO - MONEY MARKET ACCOUNT - REDEMPTION | Sold | 1-96 | $1,001 - $15,000 |
| | GRADISON MCDONALD OHIO TAX FREE INCOME | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | GRADISON MCDONALD ESTABLISHED VALUE FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | GRADISON MCDONALD OPPORTUNITY VALUE FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | GRADISON MCDONALD INTERNATIONAL FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| SP | COLONIAL STRATEGIC INCOME FUND - A | Purchase | MON DIV REIN | $1,001 - $15,000 |
| SP | VMF - INTERMEDIATE TERM | Purchase | MON DIV REIN | $1,001 - $15,000 |
| SP | GRADISON MCDONALD ESTABLISHED VALUE FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| SP | GRADISON MCDONALD INTERNATIONAL FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| SP | GRADISON MCDONALD MUNICIPAL CASH SERIES | Purchase | MON DIV REIN | $1,001 - $15,000 |
| DC | FLAG INVESTORS EQUITY A FUND | Purchase | 02-05-96 | $1,001 - $15,000 |
| DC | JOSEPH D PORTMAN IRRV TRUST | | | |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | Purchase | 01-018-96/MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE MID CAP FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| DC | FLAG INVESTORS EQUITY A FUND | Purchase | 02-05-96 | $1,001 - $15,000 |
| DC | WILLIAM D PORTMAN IRRV TRUST | | | |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | Purchase | 01-18-96/MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE MID CAP FUND | Purchase | 04-17-96/MON DIV REIN | $1,001 - $15,000 |
| DC | SARAH D PORTMAN IRRV TRUST | | | |

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## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | FOUNTAIN SQUARE QUALITY GROWTH FUND | Purchase | 01-18-96/MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE MID CAP FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| | FOUNTAIN SQUARE INTERNATIONAL FUND | Purchase | MON DIV REIN | $1,001 - $15,000 |
| DC | PROCTOR & GAMBLE CO. | Purchase | MON DIV REIN | $1,001 - $15,000 |
| DC | PROCTOR & GAMBLE CO | Purchase | MON DIV REIN | $1,001 - $15,000 |
| DC | FLAG INVESTORS EQUITY A FUND | Purchase | 02-05-96 | $1,001 - $15,000 |
| | IRA, COLLIER BROWNE & SCHICKLING - FREEPORT MCMORAN COPPER & GOLD | Sold | 1996 | $1,001 - $15,000 |
| | IRA, COLLIER BROWNE & SCHICKING - MOBIL CORP DEBS | Sold | 1996 | $1,001 - $15,000 |

NOTE: THE ASSETS HELD IN THE JOAN J. PORTMAN FAMILY TRUST F/B/O OF ROBERT J. PORTMAN WERE DISTRIBUTED TO ROBERT J. PORTMAN DURING 1996. THE VALUE OF THE ASSETS DISTRIBUTED ARE REFLECTED AS INDIVIDUAL HOLDINGS ON SCHEDULE III

2700

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| TRUSTEE | THE SPRINGER SCHOOL |
| MEMBER | UNITED WAY & COMMUNITY CHEST GOV'T RELATIONS COMMITTEE |
| MEMBER | CHAMBER OF COMMERCE STATE & FEDERAL RELATIONS COMMITTEE |
| PARTNER | PEAVLER PARTNERSHIP |
| LIMITED PARTNER | ORCHARD STREET PROPERTIES |
| LIMITED PARTNER | MARIEMONT VILLAGE PROPERTIES |
| LIMITED PARTNER | TAIT HOUSE APARTMENTS LTD |
| DIRECTOR | COMMUNITY ANTI-DRUG COALITION OF AMERICA (CADCA) |
| DIRECTOR & PRESIDENT | COALITION FOR A DRUG FREE GREATER CINCINNATI |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | GRAYDON HEAD & RITCHEY CINCINNATI, OH RETIREMENT PLAN | TERMINATED PARTICIPANT WITH ACCOUNT BALANCE ONLY |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:25

(9)

Glendal (Glenn) William Poshard
(Full Name)

1601 Eugene Lane, Marion, Illinois 62959 (618) 993-8532
(Mailing Address) (Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Illinois District 19 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Glendal Poshard

DATE (Month/Day/Year): May 15, 1997

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| Name Glenn Poshard | Page 1 of 8 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples.* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives | Member of Congress | N/A |
| | Carterville Unit School District, Carterville, Illinois | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C.<br>XYZ Magazine | Speech<br>Article | Feb. 2, 1996<br>Aug. 13, 1996 | $2,000<br>$500 |
| | None | | | |

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Name Glenn Poshard



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | Annuity, State Farm Insurance | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Annuity, State Farm Insurance | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Annuity, State Farm Insurance | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Annuity, State Farm Insurance | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Annuity, State Farm Insurance | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Annuity, State Farm Insurance | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Glenn Poshard

Page 4 of 8

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Annuity- Edward D. Jones Invest. Lincoln Life Insurance Co. | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Annuity- Mass Mutual Springfield, Massachusetts Defered Compensation- St. of IL | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | First Investors TAx Exempt Fund New York, NY | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Municipal Bonds- H.G. Edwards Investment Firm | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Scholarship Bonds- St. of IL | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Savings- Congressional Credit Savings and Loan | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Retirement Plan- St. of IL | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Retirement Plan- St. Of IL | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

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Name: Glenn Poshard



## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
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Name Glenn Poshard



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Citizens National Bank Mt. Vernon, Illinois (formerly KCFS) | Guarantor for personal loan to Kris Poshard (daughter) | X | | | | | | | | | |
| | Community National Bank Harrisburg, Illinois 62946 | Guarantor for personal loan to Dennis Poshard (son) | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Use additional sheets if more space is required.

Name Glenn Poshard | Page 7 of 8

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | None | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member (non-compensated) | Faith in Politics Institute, Washington, D.C. (Not for Profit) |
| Vice-President (non-compensated) | Illinois State Society of Washington, D.C. (not for profit) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 AM 10:58
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(5)

DAVID EUGENE PRICE
(Full Name)

106 COLLUMS ROAD
(Mailing Address)

CHAPEL HILL, NC 27514

Daytime Telephone
202/225-1784

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you, or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David E. Price

DATE (Month/Day/Year): 5/13/97

2712

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Duke University, Durham N.C. | Salary | 49,049.91 |
| | WestView Press | book royalties | 698.58 |
| | North Carolinians Against Gun Violence | spouse salary | NA |
| | NCGV Education Fund | spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DAVID E. PRICE



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St, Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | BB&T Cert. of Deposit | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Smith Barney Money Market Units | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | N.C. Eastern Municipal Power Agency Bonds | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | N.C. Municipal Power Agency Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Duplin Co, N.C. Municipal Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | American Precision Industries Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID E. PRICE



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Coca Cola Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Con. Natural Gas Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Electronic Data Systems " | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Emerson Electric Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | General Electric Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Gillette Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Home Depot Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | McDonalds Corp. Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Minn. Mining & MFG. Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Motorola Inc. Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Pepsico Inc. Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | N.W. Mutual Life Ins. Policy | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | TIAA/CREF Retirement Plan | | | | | X | | | | | | | | | | | | | | | N | A | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member | Transit 2001 Commission, N.C. Dept. of Transportation |
| Consulting Editor | Current Magazine |
| Professor on leave | Duke University |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 7/96 – | Duke University | unpaid leave of absence |
| | | |
| | | |
| | | |
| | | |
| | | |

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# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Deborah D. Pryce
(Full Name)

5602 Riverside Drive, Dublin, Ohio 43017
(Mailing Address)

614-766-1906
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State Ohio District 15 | [ ] Officer or Employee | Employing Office |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [XX] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [XX] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [XX] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [XX] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [XX] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [XX] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [XX] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Deborah D. Pryce

DATE (Month/Day/Year): 5/15/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Commercial One Realtors, Inc., Columbus, Ohio | Spouse's Commissions | $65,578.00 |
| | United Ohio Insurance Company | Spouse's Director Fee | $ 4,075.00 |
| | Ohio Mutual Insurance Company | Spouse's Director Fee | $ 5,500.00 |

**For payments to charity in lieu of honoraria, use Schedule II.**

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## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash D C | Speech | Feb 2, 1996 | $2 000 |
| XYZ Magazine | Article | Aug 13, 1996 | $500 |
| National Grocers Association | Cong. Reception Attendance | October 11, 1996 | $25.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Deborah D. Pryce



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | *Examples* 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | *Examples* 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Congressional Federal Credit Union | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| SP | Equitable Capital Partners | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| JT | Huntington National Bank | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| SP | Huntington National Bank Re Acct. Ed Walkers | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| SP | Internal Revenue Service Estate | X | Settlement of Estate, Value -0- (closed) | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| SP | Laurianne Woods Limited Partnership | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Deborah D. Pryce



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ohio Bank - Checking | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Ohio Bank - Savings | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | State Savings Bank | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| SP | Zoom, Ltd. 31-6165195 (11.67%) | | | | | X | | | | | | | | | X | X | | | | | | | | X | | | | | Partial Sale |
| | Bank One (@43.00) 2523 Sh. | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Merrill Lynch - Steel Tech | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Pyramid Investments 31-1007125 | Partnership dissolved after exchange of Zoom Ltd. & Bonded Development | | | | | | | | | | | | | | | | | (Properties Listed Below Separately) | | | | | | | | | | |
| SP | Walker Partnership (340 E. Gay, Cols) | | | | | | | X | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Charing Road Associates | | | | | X | | | | | | | | X | | | | | X | | | | | | | | | | |
| SP | Bonded Development Co., Ltd. | X | (See Schedule IV) | | | | | | | | | | | | | X | | | | | | | X | | | | | | E |
| SP | Penderbrook I Ltd. Partnership(Pyramid) | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| SP | Ohio Company (IRA Retirement) | | X | | | | | | | | | | See Broker Statement | | | | | | | X | | | | | | | | | |
| | Ohio Company (IRA Retirement) | | X | | | | | | | | | | See Broker Statement | | | | | | | X | | | | | | | | | |
| | Merrill Lynch (IRA Retirement) | | | X | | | | | | | | | See Broker Statement | | | | | | | X | | | | | | | | | |
| SP | 126 S. High Street (Pyramid Invest.) | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | E See Above |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Deborah D. Pryce



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | 32-46 W. Kossuth St.(Pyramid Invest.) | | | | | | X | | | | | | | X | | | | | X | | | | | | | | | | E See Above |
| SP | 510-512 S. 4th St. (Pyramid Invest.) | | | | | X | | | | | | | | X | | | | | X | | | | | | | | | | E See Above |
| SP | Borror Corp. (Merrill Lynch) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Penn Mutual Life Ins. | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Mass Mutual Life Ins. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE IV — TRANSACTIONS

Name Deborah D. Pryce



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Zoom Limited 31-6165195 (11.67%) | | X | | 01-08-96 | | X | | | | | | | | |
| SP | Bonded Development Company (1) | | X | | 01-08-96 | X | | | | | | | | | |
| SP | Zoom Limited 31-6165195 | | X | | 11-22-96 | | X | | | | | | | | |
| SP | Penderbrook I Ltd. Partnership | CAME FROM ESTATE OF ED WALKER - FATHER | | | | | | | | | | | | | |
| SP | Laurianne Woods Limited Partnership | CAME FROM ESTATE OF ED WALKER - FATHER | | | | | | | | | | | | | |

(1) Interest in Bonded Development was traded to family members for interests in 4th St. Properties, (Pyramid Investment Company) and 726 S. High St. 1% of Walker Partnership Amount represents residual value received in 1996 from Partnership.

This page may be copied if more space is required.

Name Deborah D. Pryce | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| SP | The Ohio Bank | Mortgage 726-730 S. High St. Columbus, Ohio | | | | X | | | | | | |
| SP | The Ohio Bank | Mortgage 32-46 W. Kossuth Columbus, Ohio | | | | X | | | | | | |
| SP | The Ohio Bank | Mortgage 510-512 S. 4th St. Columbus, Ohio | | | | X | | | | | | |
| JT | The Ohio Bank | Mortgage 2515-2519 Charing Rd Columbus, Ohio | | | | X | | | | | | |
| SP | The Ohio Bank | Mortgage 340 E. Gay St. Columbus, Ohio | | | | X | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Asia-Pacific Exchange Foundation | Dec.2-13 | Cols.,OH-China-Hong Kong-Myanmar-Singapore-Cols.,OH. | Y | Y | Y | N |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Trustees of the National Fund for the U.S. Botanic Garden |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1978 | State of Ohio Public Employees Retirement Chapter 145.01 Ohio Revised Code | Qualified retirement plan to begin at retirement at age 65. |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

Merrill Lynch

Tax Reporting Statement

| ACCOUNT # | F/C # | PAGE # | SS# OR TAX ID |
|---|---|---|---|
| 65614030 | 9699 | 1 OF 2 | 299-46-3616 |

RANDY L WALKER AND
DEBORAH PRYCE JTWROS
340 E GAY ST
COLUMBUS OH 43215-3213

1996 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
300 DAVIDSON AVE
SOMERSET, NEW JERSEY 08873

CASH ACCOUNT
FOR SERVICE CALL:
1-800-ML-HELPS
1-800-654-3577

FEDERAL IDENTIFYING NUMBER
13-5674085

| 1099-DIV | 1996 DIVIDENDS AND DISTRIBUTIONS | OMB NO. 1545-0110 AMOUNT |
|---|---|---|
| 1A | GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK | $16.80 * |
| 1B | ORDINARY DIVIDENDS | $16.80 |
| 1C | CAPITAL GAIN DISTRIBUTIONS | $0.00 |
| 1D | NON-TAXABLE DISTRIBUTIONS | $0.00 |
| 1E | INVESTMENT EXPENSES INCLUDED IN LINE 1A | $0.00 |
| 2 | FEDERAL INCOME TAX WITHHELD | $0.00 |
| 3 | FOREIGN TAX PAID | $0.00 |
| 4 | FOREIGN COUNTRY OR U.S. POSSESSION | |
| 5 | LIQUIDATION DISTRIBUTIONS - CASH | $0.00 |
| 6 | LIQUIDATION DISTRIBUTIONS - NON-CASH (FAIR MARKET VALUE) | $0.00 |

* LINE 1A IS THE SUM OF LINES 1B, 1C, 1D AND 1E. FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "A GUIDE TO YOUR MERRILL LYNCH 1996 TAX REPORTING STATEMENT"

| 1099-INT | 1996 INTEREST INCOME | OMB NO. 1545-0112 AMOUNT |
|---|---|---|
| 1 | INTEREST INCOME NOT INCLUDED IN LINE 3 | $0.00 |
| 2 | EARLY WITHDRAWAL PENALTY | $0.00 |
| 3 | INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS | $0.00 |
| 4 | FEDERAL INCOME TAX WITHHELD | $0.00 |
| 5 | FOREIGN TAX PAID | $0.00 |
| 6 | FOREIGN COUNTRY OR U.S. POSSESSION | |
| | YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3. | |
| | INVESTMENT EXPENSES INCLUDED IN LINE 1 | $0.00 |

SUMMARY OF 1996 ORIGINAL ISSUE DISCOUNT ITEMS

| | | AMOUNT |
|---|---|---|
| 1 | TOTAL ORIGINAL ISSUE DISCOUNT (FOR 1996) | $0.00 * |

* AMOUNTS OF ORIGINAL ISSUE DISCOUNT ARE INDIVIDUALLY REPORTED BY SECURITY TO THE IRS. REFER TO THE OID DETAIL SECTION OF THIS STATEMENT.

SUMMARY OF 1996 PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

| | | AMOUNT |
|---|---|---|
| 2 | GROSS PROCEEDS LESS COMMISSIONS | $0.00 * |
| 4 | FEDERAL INCOME TAX WITHHELD | $0.00 |

* GROSS PROCEEDS FROM EACH OF YOUR 1996 SECURITIES TRADES ARE INDIVIDUALLY REPORTED TO THE IRS. REFER TO THE GROSS PROCEEDS DETAIL SECTION OF THIS STATEMENT.

The Ohio Company
Member New York Stock Exchange
Member SIPC

155 East Broad Street
Columbus, Ohio 43215

| Account Number | Tax I.D. | Period Ending |
|---|---|---|
| 01-90390-8-0 | 299-46-3616 | June 28, 1996 |



Account Executive
Ms. Sherry L. Maynard
(614) 464-7036

The Ohio Company Cust.
FBO Randy L. Walker
340 E. Gay St.
Columbus, OH. 43215

THE OHIO COMPANY
LIFE & HEALTH INSURANCE DIVISION
--YES, WE SELL LIFE INSURANCE--
NOW MAY BE A GOOD TIME TO REVIEW YOUR INSURANCE NEEDS

CONTACT YOUR ACCOUNT EXECUTIVE FOR MORE INFORMATION.

Type of Account
Self-Directed IRA

## Portfolio Summary

| | Market Value | % of Total |
|---|---|---|
| Investments | | |
| Stocks | $0 | 0.0 |
| Mutual Funds | 5,186 | 100.0 |
| Unit Investment Trusts | 0 | 0.0 |
| Mortgaged Backed Securities | 0 | 0.0 |
| Corporate Bonds and Notes | 0 | 0.0 |
| U.S. Govt & Federal Agencies | 0 | 0.0 |
| Municipal Bonds and Notes | 0 | 0.0 |
| Other Investments | 0 | 0.0 |
| Cash and Money Funds | 0 | 0.0 |
| Total Portfolio Value | $5,186 | 100.0 |
| Previous Month's Value | $5,233 | |

## Income Summary

| | Income Received This Month | Y-T-D |
|---|---|---|
| Dividends | $21.74 | $45.09 |
| Interest | 0.00 | 0.00 |
| U.S. Govt Interest | 0.00 | 0.00 |
| Other Income | 0.00 | 358.50 |
| Total Income | $21.74 | $403.59 |

## Money Balance Summary

| | Opening Balance | Closing Balance |
|---|---|---|
| Cash | $0.00 | $0.00 |
| Cardinal Money Mkt | 0.00 | 0.00 |
| Cardinal in Transit | 0.00 | 0.00 |
| Total Cash Balance | $0.00 | $0.00 |

## Activity Summary

| | |
|---|---|
| Deposits | |
| Securities Sold | $0.00 |
| Income | 21.74 |
| Transferred from Money Fund | 0.00 |
| Return of Principal | 0.00 |
| Contributions | 0.00 |
| Other Deposits | 35.00 |
| Total Deposits | $56.74 |
| Withdrawals | |
| Securities Purchased | $0.00 |
| Accrued Interest Pd on Purchases | 0.00 |
| Transferred to Money Fund | 0.00 |
| Dividends Reinvested | 21.74 |
| Distributions | 0.00 |
| Other Withdrawals | 35.00 |
| Total Withdrawals | $56.74 |

| Annual Record | 1995 | 1996(Y-T-D) |
|---|---|---|
| Contributions | $0.00 | $0.00 |
| Distributions | $0.00 | $0.00 |

The prices indicated are approximate. They are intended to be of help to you in establishing the value of your portfolio. N/A denotes that a price was not available.

Please preserve this statement for income tax purposes.

CUSTOMER COPY

The Ohio Company

Member New York Stock Exchange
Member SIPC

Account Number
01-90390-8-0

Period Ending
June 28, 1996



The Ohio Company Cust.
FBO Randy L. Walker

## PORTFOLIO POSITIONS

### Investments

| Quantity | Description | Symbol Or Cusip | Market Price | Market Value | Current Yield (%) | Est Annual Income |
|---|---|---|---|---|---|---|
| **Mutual Funds** | | | | | | |
| 404.221 | CARDINAL FUND INC | CDFIX | 12.830 | 5,186 | 1.89 | 98 |
| **Total Investments** | | | | $5,186 | | $98 |

## ACCOUNT ACTIVITY

### Deposits

| Date | Description | Quantity | Price | Amount |
|---|---|---|---|---|
| **Income** | | | | |
| 06-21 Dividend | CARDINAL FUND INC | | | 21.74 |
| **Other Deposits** | | | | |
| 06-11 Maintenance Fee | ANNUAL FEE RECEIVED | | | 35.00 |
| **Total Deposits** | | | | $56.74 |

### Withdrawals

| Date | Description | Quantity | Price | Amount |
|---|---|---|---|---|
| **Dividends Reinvested** | | | | |
| 06-21 Reinvest | CARDINAL FUND INC 06/20/96 12.89/SH | 1.687 | | 21.74 |
| **Other Withdrawals** | | | | |
| 06-11 Maintenance Fee | ANNUAL RETIREMENT PLAN FEE | | | 35.00 |
| **Total Withdrawals** | | | | $56.74 |

Thank you for investing with The Ohio Company

END OF STATEMENT

The Ohio Company

Member New York Stock Exchange
Member SIPC

155 East Broad Street
Columbus, Ohio 43215

| Account Number | Tax I.D. | Period Ending |
|---|---|---|
| 01-69583-8-1 | 294-50-5500 | January 31, 1997 |



Investment Executive
Ms. Sherry L. Maynard
(614) 464-7036

THE OHIO COMPANY CUST.
FBO DEBORAH D. PRYCE
5602 RIVERSIDE DR.
DUBLIN, OH. 43017

Are you taking advantage of our totally free, no-minimum checking that pays money market rates? Ask your Investment Executive how you can use a Cardinal sweep account to keep your money working for you.

Type of Account
Self-Directed IRA

## Portfolio Summary

| | Market Value | % of Total |
|---|---|---|
| Investments | | |
| Stocks | $0 | 0.0 |
| Mutual Funds | 5,944 | 100.0 |
| Unit Investment Trusts | 0 | 0.0 |
| Mortgaged Backed Securities | 0 | 0.0 |
| Corporate Bonds and Notes | 0 | 0.0 |
| U.S. Govt & Federal Agencies | 0 | 0.0 |
| Municipal Bonds and Notes | 0 | 0.0 |
| Other Investments | 0 | 0.0 |
| Cash and Money Funds | 0 | 0.0 |
| Total Portfolio Value | $5,944 | 100.0 |
| Previous Month's Value | $5,587 | |

## Income Summary

| | Income Received This Month | Y-T-D |
|---|---|---|
| Dividends | $0.00 | $0.00 |
| Interest | 0.00 | 0.00 |
| U.S. Govt Interest | 0.00 | 0.00 |
| Other Income | 0.00 | 0.00 |
| Total Income | $0.00 | $0.00 |

## Activity Summary

| | |
|---|---|
| Deposits | |
| Securities Sold | $0.00 |
| Income | 0.00 |
| Transferred from Money Fund | 0.00 |
| Return of Principal | 0.00 |
| Contributions | 0.00 |
| Other Deposits | 35.00 |
| Total Deposits | $35.00 |
| Withdrawals | |
| Securities Purchased | $0.00 |
| Accrued Interest Pd on Purchases | 0.00 |
| Transferred to Money Fund | 0.00 |
| Dividends Reinvested | 0.00 |
| Distributions | 0.00 |
| Other Withdrawals | 35.00 |
| Total Withdrawals | $35.00 |

## Money Balance Summary

| | Opening Balance | Closing Balance |
|---|---|---|
| Cash | $0.00 | $0.00 |
| Cardinal Money Mkt | 0.00 | 0.00 |
| Cardinal in Transit | 0.00 | 0.00 |
| Total Cash Balance | $0.00 | $0.00 |

| Annual Record | 1996 | 1997(Y-T-D) |
|---|---|---|
| Contributions | $0.00 | $0.00 |
| Distributions | $0.00 | $0.00 |

The prices indicated are approximate. They are intended to be of help to you in establishing the value of your portfolio. The Ohio Company obtains from various outside sources prices deemed to be reliable but not guaranteed. N/A denotes that a price was not available. Some securities are valued even though they may have limited marketability. As a result, you may not be able to realize the stated value of certain securities if you seek to liquidate

Please retain this statement for income tax purposes.

The Ohio Company

Member New York Stock Exchange
Member SIPC

Account Number
01-69583-8-1

Period Ending
January 31, 1997



THE OHIO COMPANY CUST.
FBO DEBORAH D. PRYCE

## PORTFOLIO POSITIONS

### Investments

| Quantity | Description | Symbol Or Cusip | Market Price | Market Value | Current Yield (%) | Est Annual Income |
|---|---|---|---|---|---|---|
| Mutual Funds | | | | | | |
| 430.116 | THE CARDINAL FUND INVESTOR SHARES | CDFIX | 13.820 | 5,944 | 1.19 | 71 |
| Total Investments | | | | $5,944 | | $71 |

## ACCOUNT ACTIVITY

### Deposits

| Date | Description | Quantity | Price | Amount |
|---|---|---|---|---|
| Other Deposits | | | | |
| 01-13 Maintenance Fee | ANNUAL FEE RECEIVED | | | 35.00 |
| Total Deposits | | | | $35.00 |

### Withdrawals

| Date | Description | Quantity | Price | Amount |
|---|---|---|---|---|
| Other Withdrawals | | | | |
| 01-13 Maintenance Fee | ANNUAL RETIREMENT PLAN FEE | | | 35.00 |
| Total Withdrawals | | | | $35.00 |

Thank you for investing with The Ohio Company

...END OF STATEMENT...

**Merrill Lynch**
**Pierce, Fenner & Smith Inc.**
Member: Securities Investor Protection Corporation (SIPC)

**Statement of Retirement Account**

| ACCOUNT # | F/C # | PAGE # | SOCIAL SEC. # |
|---|---|---|---|
| 656 92C87 | 9699 | 1 | 294-50-5500 |

| STATEMENT PERIOD | CIN NUMBER |
|---|---|
| 09/28/96 TO 12/31/96 | 00-0000000 |

| FINANCIAL CONSULTANT | ACCOUNT TYPE |
|---|---|
| THOMAS C PULERI (614) 225-3133 | IRA |

OFFICE SERVING YOUR ACCOUNT
65 E. STATE ST., SUITE 2600
COLUMBUS OH 43215

MLPF& S CUST FBO
DEBORAH PRYCE IRA
FBO DEBORAH PRYCE
5602 RIVERSIDE DR
DUBLIN OH 43017-1547

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO
AS OF 12/31/96. . . . $17,071.12
AS OF 09/27/96. . . . $17,284.66

DIVIDEND/INTEREST
THIS STATEMENT..... $443.39C
THIS YEAR ..... $533.07C

***** CONTRIBUTION INFORMATION *****

| TAX YEAR 1995 | TAX YEAR 1996 |
|---|---|
| $.00 | $.00 |

***** DISTRIBUTION INFORMATION *****

| TAX YEAR 1995 | TAX YEAR 1996 |
|---|---|
| $.00 | $.00 |

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

| MONEY ACCOUNT | OCTOBER | NOVEMBER | DECEMBER | CURRENT MONTH'S EFFECTIVE YIELD |
|---|---|---|---|---|
| ML RETIREMENT RESERVES | $.49 | $.47 | $.43 | 5.02 |

***** DAILY ACCOUNT ACTIVITY *****

| DATE | TRANSACTION | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|
| 09 28 | OPENING BALANCE | | | $.02CI |
| 11 11 | FEE | 1996 CUSTODIAL FEE | | $35.00 |
| 11 12 | SALE | 35 ML RETIREMENT RESERVES | | $35.00CI |
| 11 12 | RECEIVED | 35 ML RETIREMENT RESERVES | | |
| 12 24 | *DIVIDEND | MFS EMERGING GR FD CL A | | $79.14CI |
| 12 24 | *LO TM CAP GAIN | MFS EMERGING GR FD CL A | | $78.93CI |
| 12 24 | *DIVIDEND | ML GLOBAL ALLOCATION A | | $155.02CI |
| 12 24 | REINVESTMENT | ML GLOBAL ALLOCATION A | | $155.02 |
| 12 24 | *LG TM CAP GAIN | ML GLOBAL ALLOCATION A | | $128.91CI |
| 12 24 | REINVESTMENT | ML GLOBAL ALLOCATION A | | $128.91 |
| 12 24 | DIVD REINV | 9 ML GLOBAL ALLOCATION A<br>AGENT<br>REINV AMOUNT $128.91<br>REINV PRICE $14.34<br>QUANTITY BOT 8.9900 | | |
| 12 24 | DIVD REINV | 10 ML GLOBAL ALLOCATION A<br>AGENT<br>REINV AMOUNT $155.02<br>REINV PRICE $14.34<br>QUANTITY BOT 10.8100 | | |
| 12 26 | FUND DELIVERY | 158 ML RETIREMENT RESERVES | | |
| 12 26 | PURCHASE | 158 ML RETIREMENT RESERVES | | $158.00 |
| 12 31 | CLOSING BALANCE | | | $.09C |



Merrill Lynch

**Merrill Lynch**
**Pierce, Fenner & Smith Inc.**
Member Securities Investor Protection Corporation (SIPC)

**Statement of Retirement Account**

| ACCOUNT # | F/C # | PAGE # | SOCIAL SEC. # |
|---|---|---|---|
| 656 92C87 | 9699 | 2 | 294-50-5500 |

MLPF&S CUST FPO
DEBORAH PRYCE IRA

***** CURRENT PORTFOLIO *****

| QUANTITY | INVESTMENT DESCRIPTION | CURRENT PRICE | MARKET VALUE | CURR. YIELD | EST. INCOME |
|---|---|---|---|---|---|
| 429.5851 | MFS EMERGING GROWTH FUND CLASS A | 30.290 | $13012 | | |
| 262.9190 | ML GLOBAL ALLOCATION A | 14.550 | $3825 | 4.82 | $184 |
| TOTALS FOR PRICED INVESTMENTS | | | $16837 | | $184 |

| MONEY ACCOUNT | OPENING BALANCE AS OF 09/28 | CLOSING BALANCE AS OF 12/31 | DIVIDENDS/INTEREST THIS STMT. | YEAR TO DATE |
|---|---|---|---|---|
| ML RETIREMENT RESERVES | $109.64 | $234.03 | $1.39 | $4.98 |

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE VALUE OF YOUR ACCOUNT AS OF 12/31/96. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS, AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED 'UNAVAILABLE'. THE 'YEAR-END PLAN VALUE' BELOW CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/31/96: $17,071.12

FOR IRA, IRRA AND SEP/IRA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

LEARN HOW NEW IRA LEGISLATION ALLOWS MARRIED COUPLES TO EXPAND THEIR IRA CONTRIBUTIONS. ASK YOUR FINANCIAL CONSULTANT FOR DETAILS.

-000005149 END OF STATEMENT DECEMBER 1

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please mention your account number and address. All correspondence to the office servicing your account. Please retain this statement for your records. See reverse side for explanation of key terms.

CODE 5C7-9 92 95

Merrill Lynch

Merrill Lynch

Tax Reporting Statement

| ACCOUNT # | F/C # | PAGE # | SS# OR TAX ID | |
|---|---|---|---|---|
| 65614D30 | 9699 | 2 OF 2 | 299-46-3616 | RANDY L WALKER AND DEBORAH PRYCE JTWROS |

TRANSACTION SUMMARY

1996 DIVIDENDS AND DISTRIBUTIONS

| SECURITY DESCRIPTION | QUANTITY | TRANS DATE | TRANSACTION DESCRIPTION | AMOUNT | AMOUNT WITHHEI |
|---|---|---|---|---|---|
| DIVIDENDS | | | | | |
| STEEL TECHNOLOGIES INC | 168 | 05/24 | DIVIDEND | $8.40 | |
| | 168 | 12/06 | DIVIDEND | $8.40 | |
| | | | SUBTOTAL | $16.80 | |
| TOTAL ORDINARY DIVIDENDS (LINE 1B 1099-DIV) | | | | $16.80 | |
| INVESTMENT EXPENSES INCLUDED IN LINE 1A (LINE 1E 1099-DIV) | | | | $0.00 | |
| TOTAL FOREIGN TAX PAID (LINE 3 1099-DIV) | | | | | $0.00 |
| TOTAL GROSS DIVIDENDS (LINE 1A 1099-DIV) | | | | $16.80 | |
| TOTAL FEDERAL INCOME TAX WITHHELD (LINE 2 1099-DIV) | | | | | $0.00 |

000001 000012416 END STATEMENT 1099 FORMS FOR TAX YEAR 1996

(5)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY 14 AM 10:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

JACK QUINN
(Full Name)

331 CANNON OFFICE BLDG.
WASHINGTON DC 20515
(Mailing Address)

202-225-3306
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State N.Y. District 30 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Jack Quinn

DATE (Month/Day/Year) 5-13-97

2735

| Name JACK QUINN | Page 1 of 4 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | O.L.V. HOSPITAL 55 MELROY LACKAWANNA NY 14218 | SPOUSE SALARY | N.A. |

**For payments to charity in lieu of honoraria, use Schedule II.**

2736

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JACK QUINN



2737

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| SP | Meya Corp. Stock | X | X | X | P |
| Examples: | 123 Main St., Dover, Del. | X | X | X | |
| | 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | KEY BANK NA CD ACCOUNTS | X | X | X | |
| JT | MUTUAL FUNDS WASHINGTON MUTUAL | X | X | X | |
| JT | PAYROLL SAVINGS KEYBANK | X | X | X | |
| DC | MUTUAL FUND WASHINGTON MUTUAL | X | X | X | |
| DC | MUTUAL FUND " | X | X | X | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example.* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| AMERICAN HEART ASSN. | WON RAFFLE AT ANNUAL DINNER – INCLUDED | 1885 |
| | AIRFARE, HOTEL FOR TWO IN NYC – TRANSPORTATION | |
| | AND SHOW TICKETS | |
| | | |
| | *LISTED ON N.Y. TAX RETURN – FORM IT 201 – LINE 15 | |

**Use additional sheets if more space is required.**

JACK QUINN
30TH DISTRICT, NEW YORK

TRANSPORTATION AND INFRASTRUCTURE

SUBCOMMITTEES
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT
RAILROADS

VETERANS' AFFAIRS

SUBCOMMITTEE
HOSPITALS AND HEALTHCARE

JOINT ECONOMIC COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–3230

PLEASE RESPOND TO:

☐ WASHINGTON OFFICE
231 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-3306
FAX: 226-0347

☐ MAIN OFFICE
403 MAIN STREET
SUITE 240
BUFFALO, NY 14203-2199
(716) 845-5257
FAX: 847-0323

☐ SATELLITE OFFICE
1490 JEFFERSON AVENUE
BUFFALO, NY 14208
(716) 886-4076



May 12, 1997

FINANCIAL DISCLOSURE ADDENDUMS

A major change in our financial situation for 1996 is EDUCATIONAL EXPENSES at $25,000 per year.

Our son began his freshman year at Siena College in Albany, New York. This is approximately a $20,000 per year expense.

Also, our daughter enrolled as a freshman in high school at Nardin Academy in Buffalo, New York at a cost of approximately $5,000 per year.

We receive no financial aid and we expect this situation to exist for the next four years.

**GEORGE RADANOVICH**
19TH DISTRICT, CALIFORNIA

**COMMITTEE ON BUDGET**
NATURAL RESOURCES WORKING GROUP

**COMMITTEE ON RESOURCES**
SUBCOMMITTEES
WATER AND POWER RESOURCES
NATIONAL PARKS, FORESTS AND LANDS

**U.S. House of Representatives**
Washington, DC 20515-0519

213 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0519
(202) 225-4540
FAX (202) 225-3402

2377 WEST SHAW, SUITE 105
FRESNO, CA 93711
(209) 248-0800
FAX (209) 248-0169

george.radanovich@mail.house.gov
http://www.house.gov/radanovich/

10

97 MAY 14 PM 3:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

mc
HAND DELIVERED

May 14, 1997

Hon. Robin Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
Room 1036 Longworth House Office Building
Washington, D.C. 20515-6612

Dear Ms. Carle:

Attached please find an original and three copies of my completed Financial Disclosure Statement for calendar 1996. This form reflects all reportable interests and activities from 1996, and has been prepared in compliance with instructions provided by the Committee on Standards of Official Conduct.

In addition to the interests reported herein, I have received an exemption from the gift ban for receipt of gifts and the reporting thereof associated with my wedding in November, 1996. Copies of the letters from the Committee providing these exemptions are attached.

Please let me know if you have any questions concerning this or require any additional information in order for my filing to be complete.

Sincerely,

George Radanovich
Member of Congress

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN
JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO
THEODORE J. VAN DER MEID,
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS

**U.S. House of Representatives**

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

**Washington, DC 20515–6328**

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO
SUITE HT-2, THE CAPITOL
(202) 225-7103

October 2, 1996

The Honorable George P. Radanovich
U.S. House of Representatives
313 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of September 13, 1996, requesting a waiver of the House Gift Rule so that you and your fiance, Ethie Weaver, may accept gifts, including those valued at over $250, in connection with your wedding on November 23, 1996.

Rule 52 of the Rules of the House of Representatives permits the Committee on Standards of Official Conduct to waive the prohibitions on the acceptance of gifts contained therein. The Committee has determined that a special occasion, such as a wedding, is an appropriate circumstance in which to exercise its waiver authority. Therefore, on behalf of the Committee, we grant your request.

You are reminded that if you are required by the Ethics in Government Act of 1978 (EIGA) to file a Financial Disclosure Statement you must report the source, a brief description, and the value of all gifts aggregating $250 or more in value from one source in a calendar year. Gifts of $100 or less need not be aggregated toward the $250 limit. If you also wish a waiver of the statutory reporting requirement, you must separately write to the Committee. Any such request will be made publicly available pursuant to section 102(a)(2)(C) of EIGA.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Chairman

Jim McDermott
Ranking Democratic Member

NLJ/JM:vhj

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN
JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

THEODORE J. VAN DER MEID,
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

SUITE HT-2, THE CAPITOL
(202) 225-7103

October 28, 1996

The Honorable George P. Radanovich
U.S. House of Representatives
313 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of September 21, 1996, requesting a waiver, pursuant to section 102(a)(2)(C) of the Ethics in Government Act, of the reporting requirements for wedding gifts received by you as a result of your marriage on November 23, 1996.

On behalf of the Committee, we grant your request. The Legislative Resource Center shall be notified in accordance with the statutory requirement that waiver requests be made a part of the public record.

Rule 52 (the gift rule) of the Rules of the House of Representatives permits the Committee on Standards of Official Conduct to waive the prohibitions on the acceptance of gifts contained therein. The Committee is authorized to waive the limits of the rule in appropriate circumstances in response to a written request. A special occasion, such as a wedding, has been determined by the Committee to be an appropriate circumstance in which to exercise its waiver authority. Absent such a waiver, wedding gifts are subject to the limitations of the gift rule. The waiver granted by this letter applies only to reporting of the gifts received.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Chairman

Jim McDermott
Ranking Democratic Member

NLJ/JM:CJW
Copy to: Legislative Resource Center

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 14 PM 3:07

HAND DELIVERED

(Office Use Only)

97 MAY 14 PM 3:07

A $200 penalty shall be assessed against anyone who files more than 30 days late.

George P. Radanovich
(Full Name)

213 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-4540

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State CA District 19 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | | [ ] Amendment | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. < 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL: George P. Radanovich

DATE (Month/Day/Year): 5/14/97

2743

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Woodward & McDowell<br>Consulting Firm - San Mateo, CA | Ethie Weaver (wife) - Salary | Not Reportable |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP, DC, JT | | | | |
| | *Examples* SP Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Stock in Radanovich Winery | $100,001 - $250,000 | None | None - $200 | NA |
| | 1/3 interest in Property | | | | |
| | 3891 Ben Hur Road | $15,001 - $50,000 | None | None - $200 | P |

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## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | 3891 Ben Hur Rd Mariposa | Purchase | 10/19/96 | $15,001 - $50,000 |
| | Land purchase with partners | | | |
| | 1/3 interest | | | |
| | Radanovich Winery Stock | Purchase | 11/1/96 | $1,001 - $15,000 |
| | 400 Shares from Mary White | | | |
| | 2085 Shares from Winery | Purchase | various | $15,001 - $50,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Cong. Credit Union | Signature Loan | $10,001 - $15,000 |
| | Mary White Mariposa, CA | re-purchase of stock-time payments | $10,001 - $15,000 |
| | Louise Hudson, Mariposa, CA | Real Estate - 1/3 partner | $15,001 - $50,000 |
| | | | |
| JT | Tenya Lodge, Fish Camp, CA | Accounts Payable - wedding | $10,001 - $15,000 |
| | | | |

2747

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments; or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| | Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Nat. Federation of Croation Americans - - | | May 31-June2 | Wash-LA-Fresno-Washington | Y | Y | N | none |
| Lisa Correa -(202) 331-2830 | | May 5 | Washington-NYC-Washington | N | Y | N | none |
| American Vintners Association | | November 18-19 | Fresno-Santa Barbara - LA | Y | Y | N | none |
| Bill Nelsen - (202) 783-2756 | | | | | | | |
| Radanovich for Congress | | August 10-19 | Fresno-San Diego-Fresno | Y | Y | N | none |
| | | | Republican Convention | | | | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propnetor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterpnse, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| | |
| President (unpaid) | Radanovich Winery, Inc. |

196

NICK J. RAHALL II
3d DISTRICT, WEST VIRGINIA

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
RANKING DEMOCRAT:
SURFACE TRANSPORTATION
RAILROADS

COMMITTEE ON RESOURCES
NATIONAL PARKS, FORESTS, AND LANDS
ENERGY AND MINERAL RESOURCES

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–4803

2269 RAYBURN BUILDING, WASHINGTON, DC 20515–4803
(202) 225–3452

110½ MAIN ST., BECKLEY, WV 25801–4886
(304) 252–5000

845 FIFTH AVE., ROOM 152
HUNTINGTON, WV 25701–2086
(304) 522–NICK

601 FEDERAL ST., ROOM 1005
BLUEFIELD, WV 24701–3023
(304) 325–6222

R K BUILDING, 48 WASHINGTON AVE.
LOGAN, WV 25601–3800
(304) 752–4884

101 NORTH COURT ST. P.O. BOX 8
LEWISBURG, WV 24901–0008
(304) 647–3224

May 13, 1997

The Honorable James V. Hansen
Chairman
Committee On Standards of Official Conduct
HT-2 The Capitol
Washington, DC 20515

Dear Chairman Hansen:

Please allow this to serve as an amendment for my financial disclosure statements for calendar years 1989 to 1995.

For calendar year 1995, please find attached an amended disclosure form reflecting assets which were inadvertently omitted previously. Additionally, I would like to amend previous reports as follows.

First, for calendar years 1989-1994, my asset of .1712% Interest Qualified Housing Partners Limited Partnership should have been listed in each of these years in Block B as a value of category B, in Block C as income type 'partnership,' and in Block D as amount of income in category I. The purchase of this asset was originally reported in my financial disclosure statement for calendar year 1988 in attached printouts from my investment firm. I believed that in subsequent years, printouts I provided the committee listed this asset, however, my Certified Public Accountant who prepared my forms for the first time this year has informed me attached printouts filed in subsequent years did not list this asset.

Secondly, for calendar years 1989-1994, my asset identified as Smith Barney U.S. Government Securities Port. Fund should have been listed in each of these years in Block B as a value of category B, in Block C as income type 'dividends,' and in Block D as amount of income in category I. According to my Certified Public Accountant this fund was not included in my financial disclosure statement for calendar year 1989 (the year it reached the reporting threshold) or subsequent years in attached printouts from my investment firm.

I regret these inadvertent omissions and appreciate the opportunity to amend my previously filed financial disclosure statements.

With warm regards, I am

Sincerely,

NICK J. RAHALL, II
Member of Congress

NJR/tkk

97 MAY 14 PM 12:28
RECEIVED
CLERK'S OFFICE
HOUSE OF REPRESENTATIVES

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 14 PM 12:28
CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Nick Joe Rahall, II
(Full Name)

1801 Harper Road
(Mailing Address)

Beckley, WV 25801

Daytime Telephone (202) 225-3452

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State WV District 3rd | [ ] Officer or Employee — Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g.: salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Nick Joe Rahall

DATE (Month/Day/Year)

2751

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | PARTNERSHIP | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Assets inadvertently omitted on original report: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Smith Barney U.S. Government Securities Port. Fund | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | .1712% Interest Qualified Housing Partners Limited Partnership | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | .0396% Interest Scottsdale Land Trust, L.P. (Inheritance) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 3.88% Interest Oxford-Columbia Associates L.P. (Inheritance) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 5.38% Interest SNI Development Company Partnership (Inheritance) | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | PARTNERSHIP | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2.80% Interest Cambridge Heights Apartments Partnership (Inheritance) | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 5.38% Interest JVL Limited Partnership (Inheritance) | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | .03166% Interest Krupp Realty Fund IV Partnership (Inheritance) | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | .066449% Interest SB Partners Limited Partnership (Inheritance) | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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123

Nick Joe Rahall, II
(Full Name)

1801 Harper Road
Beckley, WV 25801
(Mailing Address)

(202) 225-3452
(Daytime Telephone)

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the House of Representatives | State: WV District: 3rd | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries, fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application, and will be reviewed by the Committee on Standards of Official Conduct for its discretion. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — May 14 1997

DATE (Month/Day/Year) — May 14 1997

2754

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | WTNJ Radio Station, WV Broadcasting, Inc. | Salary | 12,000 |
| | WTNJ Radio Station, WV Broadcasting, Inc. | Bonus and Non-employee Comp. | 5,000 |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Nick Joe Rahall, II | Page 3 of 18 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | American Trucking Association | Speech | June 13, 1996 | 2,000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Nick Joe Rahall, II



2757

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | EGR Industries, Inc. - Investment | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | |
| | Bldg & Land - Harper Road Co-Mac, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cellular One, Beckley, WV and | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Condo in South Carolina - 1/2 with | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | brother | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WV Broadcasting WTNJ - | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | P.O. Box 1127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Beckley, WV 25802-1127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Equipment lease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Hernando Co. FL; Land with brother, | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | cousins and friends - Approximately 250 Acres | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | H. L. & R Corp. - Raleigh County, WV | | | | | | X | | | | | | X | | X | | | | X | | | | | | | | | | |
| | Land and money market - ½ with brother | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rahall Realty - Beckley, WV (12½%) | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Bank of Northern,VA Checking Account | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | Hilton Head SC Time - Share Property - | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | two week peak season | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WV Broadcasting stock | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Glade Springs, 1/5 Raleigh Co., WV | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat Top Lake Land - Raleigh Co., WV | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Wheat First Securities Account - See Attachment 1 | | | | | | | X | | | | | X | | X | X | | | | | | | | X | | | | | Attachment 20 |
| | Smith Barney Shearson Account - See Attachment 2 | | | | | | | X | | | | | X | | X | X | | | | | | | | X | | | | | Attachment 21 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dean Witter Reynolds Access #1 Acct. | | | | | X | | | | | | | X | | X | X | | | | | | | X | | | | | | Attachment 22 |
| | See Attachments 3 and 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dean Witter Reynolds Access #2 Acct. | | | | | X | | | | | | | X | | X | X | | | | | | | | X | | | | | Attachment 23 |
| | See Attachments 5 and 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dean Witter Reynolds Access #3 Acct. | | | | | X | | | | | | | X | | X | X | | | | | | | X | | | | | | Attachment 24 |
| | See Attachments 7 and 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dean Witter Reynolds IRA Account | | | X | | | | | | | | | X | | X | X | | | | | X | | | | | | | | Attachment 31 |
| | See Attachment 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Smith Barney U.S. Government | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | Attachment 26 |
| | Securities Port. Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | D H Blair & Co., Inc. Account | | | X | | | | | | | | | X | | X | X | | | | | X | | | | | | | | Attachment 25 |
| | See Attachment 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Millennium Securities Corp. Account | X | | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | Attachment 12 |
| | See Attachment 11 and 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hanifen, Imhoff Clearing Corp. Account | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | P |
| | See Attachment 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - daughter - Wheat | | | | | | X | | | | | | X | | X | X | | | | | | | X | | | | | | Attachment 27 |
| | First Account (Attachment 14) and | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Smith Barney Account (Attachment 15) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Congressional Fed Credit Union Account | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | N.J. Rahall, III - son - Wheat First | | | | | | X | | | | | | X | | X | X | | | | | | | | X | | | | | Attachment 28 |
| | Account (Attachment 16) and Smith | | | | | | | | | | | | | | | | | | | | | | | | | | | | and 29 |
| | Barney Account (Attachment 17) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Suzanne Rahall - Daughter - Wheat | | | | X | | | | | | | | X | | X | X | | | | | X | | | | | | | | Attachment 30 |
| | First Account (Attachment 18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - First State Bank of | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | WV Savings Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - Senate Credit Union | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Savings Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - WTNJ WV Broadcasting | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| | Nonemployee Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | N. J. Rahall, III - Bank of Raleigh, WV Savings Account and Certificates of Deposit | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| DC | N. J. Rahall, III - Bank of Northern VA Certificate of Deposit | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | N. J. Rahall, III - United National Bank, WV - Savings Account | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | Suzanne Rahall - First State Bank, WV - Savings Account | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC | Suzanne Rahall - U.S. Senate Credit Union Savings Account | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | PARTNERSHIP | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | N. J. Rahall, III - U.S. Senate | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Credit Union Savings Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | N. J. Rahall, III - Nations Bank | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Checking Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | One Valley Bank, Oak Hill, WV - | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Checking Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | .1712% Interest Qualified Housing | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Partners Limited Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | .0396% Interest Scottsdale Land | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Trust L.P. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | PARTNERSHIP | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 3.88% Interest Oxford - Columbia Associates L.P. | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 5.38% Interest SNI Development Company Partnership | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 2.80% Interest Cambridge Heights Apartments Partnership | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 5.38% Interest JVL Limited Partnership | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | .03166% Interest Krupp Realty Fund IV Partnership | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | S |
| | .006449% Interest SB Partners Limited Partnership | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Nick Joe Rahall, II



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; ~~RENTS~~ PARTNERSHIP; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| | Wheat First Securities SEP IRA – Attachment 19 | C X | DIVIDENDS X; INTEREST X; CAPITAL GAINS X | | Attachment 19 |
| | .280885% Interest Chesapeake L.P. | C X | PARTNERSHIP X | I None – $200 X | P – Attachment 20 p.1 |
| | Bank of Northern Virginia Stock | B X | DIVIDENDS X | None – $200 X | |

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## SCHEDULE IV — TRANSACTIONS

Name: Nick Joe Rahall, II



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Wheat First Securities Account - Attachment 20 | X | X | | | | | | | X | | | | | |
| | Smith Barney Account - Attachment 21 | | X | | | | X | | | | | | | | |
| | WM Wrigley Jr. Co. Stock (Smith Barney Acct.) | X | | | 5-28-96 | | X | | | | | | | | |
| | Dean Witter Reynolds Access #1 Acct. | X | X | | | | | | X | | | | | | |
| | Attachment 22 | | | | | | | | | | | | | | |
| | Dean Witter Reynolds Access #2 Acct. | X | X | | | | | | X | | | | | | |
| | Attachment 23 | | | | | | | | | | | | | | |
| | Dean Witter Reynolds Access #3 Acct. | X | X | | | | | | X | | | | | | |
| | Attachment 24 | | | | | | | | | | | | | | |
| | D H Blair & Co. Inc. Account - Attachment 25 | X | X | | | | X | | | | | | | | |
| | Millennium Securities Corp. Account | X | X | | | | X | | | | | | | | |
| | Attachment 12 | | | | | | | | | | | | | | |
| | Smith Barney U.S. Gov't Sect. Port. | X | | | | | | | | | | | | | |
| | Attachment 26 | | | | | | | | | | | | | | |
| | McDonalds Corporation Stock (Hanifen, Imhoff | X | | | 2-28-96 | X | | | | | | | | | |
| | Clearing Corp. Acct.) | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Nick Joe Rahall, II



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Paravant Computer Systems WTS (Hanifen, | X | | | 6-10-96 | X | | | | | | | | | |
| | Imhoff Clearing Corp. Acct.) | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - Wheat First Securities Acct. | X | X | | | | | | | X | | | | | |
| | Attachment 27 | | | | | | | | | | | | | | |
| DC | Rebecca Rahall - WM Wrigley Jr. Co. Stock | X | | | 5-28-96 | X | | | | | | | | | |
| | (Smith Barney Acct) | | | | | | | | | | | | | | |
| DC | N. J. Rahall, III - Wheat First Securities | X | X | | | | | | X | | | | | | |
| | Acct. - Attachment 28 | | | | | | | | | | | | | | |
| DC | N. J. Rahall, III - Smith Barney Acct. | | X | | | X | | | | | | | | | |
| | Attachment 29 | | | | | | | | | | | | | | |
| DC | N. J. Rahall, III - WM Wrigley Jr. Co. Stock | X | | | 5-28-96 | | X | | | | | | | | |
| | (Smith Barney Acct) | | | | | | | | | | | | | | |
| DC | Suzanne Rahall - Wheat First Securities Acct. | X | X | | | | X | | | | | | | | |
| | Attachment 30 | | | | | | | | | | | | | | |
| | Dean Witter Reynolds IRA Acct. - Attachment 31 | X | | | | X | | | | | | | | | |
| | .03166% Int. Krupp Realty Fund IV Partnership | | X | | 12-31-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor * | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | MBNA America | Cash Advances & Credit Charges | | X | | | | | | | | |
| | Citibank | Cash Advances & Credit Charges | | X | | | | | | | | |
| | Nationsbank | Cash Advances & Credit Charges | | X | | | | | | | | |
| | Corestates | Cash Advances & Credit Charges | | X | | | | | | | | |
| | Chase | Cash Advances & Credit Charges | X | | | | | | | | | |

* Debt to H. L. R. Corp. from E. G. R. Industries, reported in prior years, has not been included this year since the debt is a corporate debt rather than a personal debt.

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Arab American Institute (Monitor Elections) | Jan. 16-22 | Wash., D.C.-Jerusalem-Wash., D.C. | Y | Y | N | N |
| Association of American Railroads (Examine transportation policy issues) | Apr. 11-14 | San Francisco,CA- Pebble Beach, CA - San Francisco, CA | Y | Y | Y | N |
| National Governors Association (Presentation) | July 14-15 | Charleston,WV-Fajordo,Puerto Rico-Wash., D.C. | Y | Y | N | N |
| Greater Toledo Association of Arab - Americans (Speech) | Oct. 5-6 | Wash., D.C.-Toledo,OH-Wash., D.C. | Y | Y | N | N |
| Lebanese American Association (Speech) | Nov. 14-20 | Wash., D.C.-San Francisco, CA-Wash., D.C. | Y | Y | Y | 3 days N |
| National Security Caucus Foundation (Fact-finding mission) | Dec. 2-7 | Wash., D.C.-Belgrade,Serbia, Podgorica, Montenegro and Zagreb, Croatia-Wash.,D.C. | Y | Y | N | N |
| Arab American Institute (Speech) | Oct. 20-21 | Charleston,WV-Detroit,MI-Charleston, WV | Y | Y | N | N |
| | | | | | | |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | WTNJ WV Broadcasting Corporation |
| Vice President & Secretary | H. L. & R. Corporation |
| Vice President & Secretary | E G R Industries, Inc. |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

2771

Wheat First Butcher Singer
Serving Investors Since 1934

**Client Statement**

Duplicate For The Account Of:
NICK JOE RAHALL II

## Capital Resource Account

Mail To:
MR NICK JOE RAHALL II
110 1/2 MAIN ST
BECKLEY WV 25801

Account Number
8K08 6539-9650

December 1, 1996 - December 31, 1996
Page 1 of 3

Investment Objective
TRADING, SPECULATION
OR HIGH INCOME
Your Financial Consultant
EDWARD G RAHALL

122 MAIN STREET
POST OFFICE BOX 1328
BECKLEY, WEST VIRGINIA 25802

304-252-6221

Tax I.D. No.
236-78-8645

OUR CHIEF INVESTMENT STRATEGIST, DON HAYS, BELIEVES THAT 1997 WILL BE AN EXCELLENT YEAR FOR GROWTH-STOCK INVESTORS. READ INVESTOR'S SPECTRUM TO LEARN WHY--THEN TALK WITH YOUR FINANCIAL CONSULTANT.

## Portfolio Summary

| COMPOSITION | ENDING BALANCE MARKET VALUE | PERCENT OF PORTFOLIO |
|---|---|---|
| CASH AND MONEY MARKET | 448,850.59 | 75.3 |
| BONDS | 140,453.80 | 23.6 |
| STOCKS AND OPTIONS | 6,925.00 | 1.2 |
| TOTAL ESTIMATED PORTFOLIO VALUE | 596,229.39 | 100.0 |

## Income Summary

| DESCRIPTION | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| MONEY MARKET FUND DIVIDENDS | 2,510.67 | 19,837.45 |
| TAX EXEMPT INTEREST | .00 | 2,312.50 |
| TOTAL INCOME | 2,510.67 | 22,149.95 |

## Current Portfolio

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Cash and Money Market** | | | | | | |
| MONEY MARKET FUND (CRM) 4.41% AVERAGE YIELD 11/16/96-12/31/96 | | 448,850.59 | 1.0000 | 448,850.59 | 19,794 | 4.4 |
| TOTAL CASH AND MONEY MARKET | | | | 448,850.59 | 19,794 | N/A |
| **Bonds** | | | | | | |
| WEST VIRGINIA ST HSG SUBMITTED PARTIAL CALL REV 0Y-11.00% CPN 0.000% DUE 1/01/97 DTD 9/28/83 CALL 8/21/95 @ 102.000 | | 5,000 | 15.4960 | 774.80 | 0 | 0.0 |

---CONTINUED ON NEXT PAGE---

Attachment 1 - p.1

Wheat First Butcher Singer is a trademark of Wheat First Securities Inc. Member New York Stock Exchange and Securities Investor Protection Corporation

Wheat First Butcher Singer
Serving Investors Since 1934

# Client Statement

Duplicate For The Account Of:
NICK JOE RAHALL II

Account Number
BK08 6539-9650

December 1, 1996 - December 31, 1996
Page 2 of 3

## Current Portfolio continued

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Bonds** | | | | | | |
| NC EDUC FACS FIN AGY DUKE UNIV PROJ REV 88A OY=6.9% NO PER INTEREST CPN 0.000% DUE 10/01/00 DTD 3/02/88 CALL 10/01/98 @ 91.677 | | 30,000 | 84.3410 | 25,302.30 | 0 | 0.0 |
| BERKELEY CNTY W VA BLDG COMM HOSP REV CITY HOSP PROJ RFDG OY=6.1% CPN 6.000% DUE 11/01/01 DTD 9/15/92 FC 5/01/93 ACCRUED INT 250.00 | | 25,000 | 104.0230 | 26,005.75 | 1,500 | 5.8 |
| TAMPA FLA WTR & SWR REV CPN 0.000% DUE 10/01/05 DTD 5/01/82 | | 30,000 | 66.7040 | 20,011.20 | 0 | 0.0 |
| ALABAMA SPL CARE FAC FIN ATH MNTGMERY MTG REV FHA NO PERIODIC INT OY=9.75% CPN 0.000% DUE 4/01/06 DTD 6/01/83 CALL 4/01/97 @ 42.876 | | 50,000 | 41.4530 | 20,726.50 | 0 | 0.0 |
| WEST VA ECON DEV AUTH RESIDNTL CARE FAC REV BD (EDGEWOOD SUMMIT) SER 93 CPN 6.500% DUE 11/01/13 DTD 10/15/93 FC 5/01/94 CALL 11/01/03 @ 102.000 ACCRUED INT 270.83 | | 25,000 | 94.8510 | 23,712.75 | 1,625 | 6.9 |
| KANAWHA PUTNAM CNTY HUNTINGTON CHARLESTON WV S/F MTG 84A OY=11.5% CPN 0.000% DUE 12/01/16 DTD 9/19/84 | | 75,000 | 31.8940 | 23,920.50 | 0 | 0.0 |
| $520 IS THE TOTAL ESTIMATED ACCRUED INTEREST AS DETAILED ABOVE. | | | | | | |
| TOTAL BONDS | | | | 140,453.80 | 3,125 | 2.2 |
| **Stocks and Options** | | | | | | |
| CALL CONRAIL INC $95 EXP 01/18/97 | CRRAS | 2 | 5.1250 | 1,025.00 | 0 | 0.0 |
| VERIFONE INC | VFI | 200 | 29.5000 | 5,900.00 | 0 | 0.0 |
| TOTAL STOCKS AND OPTIONS | | | | 6,925.00 | 0 | 0.0 |
| TOTAL ESTIMATED PORTFOLIO VALUE | | | | 596,229.39 | 22,919 | 3.8 |

---CONTINUED ON NEXT PAGE---



4-12-362 WWBS 4-2Z96
Wheat First Butcher Singer is a trademark of Wheat First Securities Inc Member New York Stock Exchange and Securities Investor Protection Corporation

**Wheat, First Securities, Inc.**
901 EAST BYRD STREET, RICHMOND, VIRGINIA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

**IRS REGULATIONS REQUIRE US TO REPORT AS 1996 INCOME MUTUAL FUND AND/OR REAL ESTATE INVESTMENT TRUST (REIT) DIVIDENDS THAT HAVE RECORD DATES IN OCTOBER, NOVEMBER, OR DECEMBER, AND ARE PAYABLE IN JANUARY OF 1997. IF YOU RECEIVED MUTUAL FUND AND/OR REIT PAYMENTS DURING 1996, PLEASE BE AWARE THAT WE MAY BE NOTIFIED OF A CHANGE IN THE TAX STATUS OF THESE PAYMENTS AFTER YOU HAVE RECEIVED THIS ANNUAL SUMMARY. IF THIS OCCURS, WE WILL NOTIFY YOU IN WRITING IMMEDIATELY AND ALSO SEND YOU A CORRECTED ANNUAL SUMMARY NO LATER THAN MARCH 17, 1997.

## DIVIDENDS AND DISTRIBUTIONS (1996 FORM 1099-DIV, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX # |
|---|---|---|---|---|
| CRT MONEY MARKET PORTFOLIO 14755B-10-3 | 01-16 | DIVIDEND | 1,034.12 | 1B |
| | 02-15 | DIVIDEND | 1,825.95 | 1B |
| | 03-15 | DIVIDEND | 1,692.40 | 1B |
| | 04-15 | DIVIDEND | 1,801.61 | 1B |
| | 05-15 | DIVIDEND | 1,760.42 | 1B |
| | 06-17 | DIVIDEND | 1,855.18 | 1B |
| | 07-15 | DIVIDEND | 1,436.31 | 1B |
| | 08-15 | DIVIDEND | 1,636.64 | 1B |
| | 09-16 | DIVIDEND | 1,665.24 | 1B |
| | 10-15 | DIVIDEND | 1,641.92 | 1B |
| | 11-15 | DIVIDEND | 1,746.84 | 1B |
| | 12-31 | DIVIDEND | 2,624.31 | 1B |

(THE MONEY MARKET DIVIDEND(S) FOR THIS FUND INCLUDE A SERVICE FEE OF $883.49 WHICH MAY BE TAX DEDUCTIBLE. CONSULT YOUR TAX ADVISOR.)

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-DIV, OMB NO. 1545-0110

| | | |
|---|---|---|
| GROSS DIVIDENDS & OTHER DISTRIBUTIONS ON STOCK(TOTAL OF 1B,1C,1D & 1E) | 20,720.94 | 1A |
| ORDINARY DIVIDENDS..... | 20,720.94 | 1B |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 4 OF 8 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II
216 1/2 MAIN ST
BECKLEY WV
25801-4613

ISSUE DATE: 01/19/97

1 - p.3

Member New York Stock Exchange, Inc. and SIPC

SMITH BARNEY

A Member of Travelers Group

Ref: 00004949 00023148



# Select Client Statement
December 1 - December 31, 1996

**L9629103503685IP**
**CONGRESSMAN NICK JOE RAHALL II**
**2269 RAYBURN BUILDING**
**WASHINGTON DC 20515-0005**

*Your Financial Consultant*

JAMES A JOSEPH/PETER JOSEPH
**SMITH BARNEY**
701 MAIN STREET
SUITE 100
STROUDSBURG PA 18360
717-421-3100

Select Service Center:1-800-423-7248

***Account number 685-03503-12 291***

*Copies of this statement have also been sent to*

ALAN BLAKE
CONGRESSMAN NICK RAHALL II

***Copy for the account of: CONGRESSMAN NICK RAHALL II SAM ACCOUNT***

## Account value

| | Last period | This period | % |
|---|---|---|---|
| Cash balance | $ 0.00 | **$ 425.00** | .05 |
| Money funds | 28,116.64 | **30,862.48** | 3.51 |
| Accrued money fund dividends | 48.90 | **0.00** | |
| Common stocks & options | 876,316.88 | **847,903.13** | 96.44 |
| Direct investments | | *(see Portfolio details)* | |
| **Net value** | **$ 905,482.42** | **$ 878,190.61** | **100** |

## Earnings summary

| | This period | This year Taxable | This year Non-taxable |
|---|---|---|---|
| Dividends | $ 1,408.00 | $ 11,319.16 | $ 0.00 |
| Money funds earnings | 125.33 | 0.00 | 923.63 |
| **Total** | **$ 1,533.33** | **$ 11,319.16** | **$ 923.63** |

## Additional summary information

| | This period | This year |
|---|---|---|
| Other income | $ 0.00 | $ 1,530.20 |

## Gain/loss summary

| | This period | This year |
|---|---|---|
| Realized gain or (loss) | $ 553.19 | $ 6,287.89 LT<br>$ 3,774.99 ST |
| Unrealized gain or (loss) | 409,596.25 | *Not applicable* |

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SMITH BARNEY

A Member of TravelersGroup

Ref: 00004949 00023149

# Select Client Statement

December 1 - December 31, 1996

CONGRESSMAN NICK JOE RAHALL II

Account number 685-03503-12 291

## Cash and money funds balance

| | This period | This year |
|---|---|---|
| **Opening balance** | **$ 29,118.84** | |
| Securities bought and other subtractions | 0.00 | |
| Securities sold and other additions | 1,772.43 | |
| Withdrawals | -1,134.92 | -26,044.77 |
| Dividends credited | 1,408.00 | |
| Money funds earnings reinvested | 125.33 | |
| **Closing balance** | **$ 31,287.48** | |

## Portfolio summary

| | This period | Year-to-date |
|---|---|---|
| Opening value of securities | 905,482.42 | 779,632.15 |
| + Opening cash balance | 0.00 | 508.00 |
| = Opening portfolio balance | 905,482.42 | 780,140.15 |
| Securities deposited/withdrawn net | 0.00 | 0.00 |
| Capital deposited/withdrawn net | -1,134.92 | -26,044.77 |
| Adjusted opening value | 904,347.50 | 754,095.38 |
| Closing value of securities | 878,765.61 | 878,765.61 |
| + Closing cash balance | 425.00 | 425.00 |
| = Closing portfolio value | 879,190.61 | 879,190.61 |

**Note: Securities deposited/withdrawn net = The value of securities on the day they were debited from or credited to the account as reflected in the "Other security activity" section.**
**Capital deposited/withdrawn net = Cash withdrawals and deposits, Gold Card payments, FMA Money Card activity, checks written, and Money funds transfers.**

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## Portfolio details

*This section shows the holdings in your account. It reflects values as of the close of business on 12/31/96.*

*Please note, unrealized gain/(loss) is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

### Money funds

| Number of shares | Description | Current value | Accrued dividends | Annualized % dividend Yield/Anticipated Income (annualized) |
|---|---|---|---|---|
| 30,862.48 | SMITH BARNEY MUNICIPAL MONEY MARKET FD CL A | $ 30,862.48 | | 3.22%<br>$ 993.77 |
| **Total money funds** | | $ 30,862.48 | $ 0.00 | 3.21<br>$ 993.77 |

### Common stocks & options

*Please refer to the back of page 1 for definitions of research ratings.*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 13 | AT&T CORP<br>SYMBOL: T/RATING: B+<br>Research rating:3/M | 02/03/87 | $ 607.04 | $ 46.695 | $ 43.375 | $ 563.88 | ($ 43.16)# LT | |
| 500 | | 02/03/95 | 18,389.81 | 36.779 | 43.375 | 21,687.50 | 3,297.69 LT | |
| **513** | | | **18,996.85** | **37.031** | | **22,251.38** | **3,254.53** | **3.043**<br>**677.16** |

SMITH BARNEY

A Member of Travelers Group

Ref: 00004949 00023150



# Select Client Statement
December 1 - December 31, 1996

CONGRESSMAN NICK JOE RAHALL II

Account number 685-03503-12 291

## Common stocks & options
*continued*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 1,200 | AMERICAN EXPRESS CO<br>SYMBOL: AXP/RATING: B<br>Research rating:1/M | 03/13/95 | $ 40,054.98 | $ 33.018 | $ 58.50 | $ 87,800.00 | $ 27,745.02 | LT | 1.592%<br>$ 1,080.00 |
| 400 | AMGEN INC<br>SYMBOL: AMGN/RATING: B-<br>Research rating:1/S | 02/08/90 | 1,816.67 | 4.541 | 54.375 | 21,750.00 | 19,933.33 | LT | |
| 1,000 | | 06/14/90 | 6,333.33 | 6.333 | 54.375 | 54,375.00 | 48,041.67 | LT | |
| 1,400 | | | 8,150.00 | 5.821 | | 76,125.00 | 67,975.00 | | |
| 400 | BRISTOL MYERS SQUIBB CO<br>SYMBOL: BMY/RATING: A<br>Research rating:2/M | 07/12/83 | 8,189.48 | 20.18 | 109.00 | 43,600.00 | 35,410.52# | LT | 2.788<br>1,216.00 |
| 1,000 | COCA-COLA CO<br>SYMBOL: KO/RATING: A+<br>Research rating:2/L | 12/28/93 | 22,544.75 | 22.257 | 52.625 | 52,625.00 | 30,080.25 | LT | .95<br>500.00 |
| 600 | EASTMAN KODAK CO<br>SYMBOL: EK/RATING: B<br>Research rating:1/L | 08/26/93 | 29,748.65 | 49.581 | 80.25 | 48,150.00 | 18,401.35 | LT | 1.893<br>860.00 |
| 500 | FEDERAL HOME LN MTG CORP<br>SYMBOL: FRE<br>Research rating:1/H | 11/23/94 | 24,363.54 | 48.125 | 110.375 | 55,187.50 | 30,823.96 | LT | 1.268<br>700.00 |
| 400 | FORD MOTOR CO<br>SYMBOL: F/RATING: B-<br>Research rating:3/M | 09/30/93 | 11,149.97 | 27.50 | 32.25 | 12,900.00 | 1,750.03 | LT | 4.775<br>616.00 |
| 1,000 | HOME DEPOT INC<br>SYMBOL: HD/RATING: A+<br>Research rating:2/M | 01/05/94 | 40,000.00 | 40.00 | 50.125 | 50,125.00 | 10,125.00 | LT | .478<br>240.00 |
| 800 | HOUSEHOLD INTERNATIONAL INC<br>SYMBOL: HI/RATING: B+ | 02/03/95 | 37,406.84 | 41.115 | 92.25 | 83,025.00 | 45,618.16 | LT | 1.691<br>1,404.00 |
| 1,000 | LEUCADIA NATIONAL CORP<br>SYMBOL: LUK/RATING: B | 06/01/95 | 23,924.87 | 23.625 | 26.75 | 26,750.00 | 2,825.13 | LT | .934<br>250.00 |
| 13 | LIN TELEVISION CORP<br>SYMBOL: LNTV<br>Research rating:3/M | 02/03/87 | 63.95 | 4.919 | 42.25 | 549.25 | 485.30# | LT | |
| 4.2066 | LUCENT TECHNOLOGIES INC<br>SYMBOL: LU<br>Research rating:2/M | 02/03/87 | 235.64 | 56.016 | 46.25 | 194.56 | (41.08)# | LT | |
| 161.7934 | | 02/03/95 | 7,138.47 | 44.12 | 46.25 | 7,482.94 | 344.47 | LT | |
| 166 | | | 7,374.11 | 44.422 | | 7,677.50 | 303.39 | | .648<br>49.80 |

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SMITH BARNEY



# Select Client Statement

December 1 - December 31, 1996

Ref: 00004949 00023151

A Member of Travelers Group

CONGRESSMAN NICK JOE RAHALL II

Account number 685-03503-12 291

## Common stocks & options
*continued*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 1,200 | MCDONALDS CORP<br>SYMBOL: MCD/RATING: A+<br>Research rating:1/L | 08/22/94 | $ 32,046.24 | $ 26.375 | $ 45.375 | $ 54,450.00 | $ 22,403.76 | LT | .661 %<br>$ 360.00 |
| 700 | MERCK & CO INC<br>SYMBOL: MRK/RATING: A+<br>Research rating:1/M | 12/23/86 | 9,308.83 | 13.22 | 79.625 | 55,737.50 | 46,428.67# | LT | 2.009<br>1,120.00 |
| 600 | MINNESOTA MINING & MFG CO<br>SYMBOL: MMM/RATING: A+<br>Research rating:3/L | 11/25/92 | 29,718.21 | 49.53 | 83.00 | 49,800.00 | 20,081.79 | LT | 2.361<br>1,176.00 |
| 1,000 | TIME WARNER HOLDINGS CO<br>SYMBOL: TWX/RATING: B-<br>Research rating:2/H | 01/18/93 | 32,783.72 | 32.394 | 37.50 | 37,500.00 | 4,716.28 | LT | .96<br>360.00 |
| 600 | VIACOM INC CL B<br>SYMBOL: VIAB<br>Research rating:2/H | 08/30/95 | 29,372.31 | 48.375 | 34.675 | 20,925.00 | (8,447.31) | LT | |
| 2,400 | WAL-MART STORES INC<br>SYMBOL: WMT/RATING: A+<br>Research rating:2/M | 01/15/85 | 6,209.82 | 2.55 | 22.75 | 54,600.00 | 48,390.18# | LT | .923<br>504.00 |
| 500 | WM WRIGLEY JR CO<br>SYMBOL: WWY/RATING: A+ | 05/22/96 | 26,899.66 | 53.154 | 56.25 | 28,125.00 | 1,225.34 | ST | 1.208<br>340.00 |
| **Total common stocks and options** | | | **$ 438,308.88** | | | **$ 847,903.13** | **$ 1,225.34** | **ST** | **1.36** |
| | | | | | | | **$ 408,370.91** | **LT** | **$ 11,552.86** |

## Direct Investments

*The following information, provided for your financial record keeping, will be shown throughout the life of the direct investment. The Original Purchase Amounts do not reflect current market value, or premiums/discounts on transferred units. Please note that direct investments are generally illiquid, are not currently priced, and are not included in your Net Value. For more information, please contact your Financial consultant.*

| Number of units | Description | Date acquired | Orig purchase amount | Unit cost | Current unit price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 20 | SCOTTSDALE LAND TRUST L P<br>Purchase date 09/30/88 | | $ 20,000.00 | $ 1,000.00 | NOT PRICED | NOT PRICED | | | |
| **Total direct investments** | | | **$ 20,000.00** | | | | **$ 0.00** | **ST** | |
| | | | | | | | **$ 0.00** | **LT** | |
| **Total portfolio value** | | | **$ 488,169.36** | | | **$ 879,765.81** | **$ 1,225.34** | **ST** | **1.42** |
| | | | | | | | **$ 408,370.91** | **LT** | **$ 12,548.13** |

*#Based on information supplied by your Financial Consultant.*

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SMITH BARNEY

A Member of Travelers Group

Ref 00006509 00040441

# Select Client Statement
# 1996 Year End Summary

**CONGRESSMAN NICK JOE RAHALL II**

**Account Number 685-03503-12 291 SS # 236-78-8645**

## Details of 1099 Reported Dividends and Distributions 1996

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for gross dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Gross dividends and other distributions on stock (Box 1a) (Total of boxes 1b,1c,1d and 1e) | Ordinary dividends (Box 1b) | Long - Term Capital gain distributions (Box 1c) | Nontaxable distributions (Box 1d) | Investment expenses (Box 1e) | Federal income tax withheld (Box 2) | Foreign tax paid (Box 3) | Liquidation distributions cash/non-cash (Boxes 5 & 6) |
|---|---|---|---|---|---|---|---|---|---|
| 150000100 | AT&T CORP | $ 677 16 | $ 677 16 | | | | | | |
| 150000200 | AMERICAN EXPRESS CO | 1,080 00 | 1,080 00 | | | | | | |
| 150000300 | BRISTOL MYERS SQUIBB CO | 1,200 00 | 1,200 00 | | | | | | |
| 150000400 | COCA-COLA CO | 500.00 | 500 00 | | | | | | |
| 150000500 | CORNING INC | 108.00 | 108.00 | | | | | | |
| 150000600 | EASTMAN KODAK CO | 960.00 | 960.00 | | | | | | |
| 150000700 | FEDERAL HOME LN MTG CORP | 700 00 | 700 00 | | | | | | |
| 150000800 | FORD MOTOR CO | 588.00 | 588 00 | | | | | | |
| 150000900 | HOME DEPOT INC | 230 00 | 230 00 | | | | | | |
| 150001000 | HOUSEHOLD INTERNATIONAL INC | 1,269.00 | 1,269 00 | | | | | | |
| 150001100 | INTL BUSINESS MACHINES CORP | 60 00 | 60.00 | | | | | | |
| 150001200 | LEHMAN BROTHERS HOLDINGS INC | 2 00 | 2.00 | | | | | | |
| 150001300 | LEUCADIA NATIONAL CORP | 250.00 | 250 00 | | | | | | |
| 150001400 | MCDONALDS CORP | 351 00 | 351 00 | | | | | | |
| 150001500 | MERCK & CO INC | 994 00 | 994 00 | | | | | | |
| 150001600 | MINNESOTA MINING & MFG CO | 1,152 00 | 1,152 00 | | | | | | |
| 150001700 | TIME WARNER HOLDINGS CO | 360.00 | 360 00 | | | | | | |
| 150001800 | WAL-MART STORES INC | 498.00 | 498.00 | | | | | | |
| 150001900 | WM WRIGLEY JR CO | 340 00 | 340 00 | | | | | | |
| **Totals in Boxes 1a-1e** | | **$ 11,319 16** | **$ 11,319 16** | | | | | | |

1996 YEAR END SUMMARY

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SMITH BARNEY

A Member of Travelers Group

Ref: 00006509 00040442

# Select Client Statement
# 1996 Year End Summary

**CONGRESSMAN NICK JOE RAHALL II**
**Account Number 685-03503-12 291 SS # 236-78-8645**

## Details of 1099 Exempt Dividends 1996

*Amounts displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Ordinary dividends | Alternative minimum tax |
|---|---|---|---|
| 160000100 | SMITH BARNEY MUNICIPAL MONEY MARKET FD CL A | $ 923.63 | $ 159.70 * |
| **Totals** | | **$ 923.63** | **$ 159.70** |

*This amount is the portion of "Ordinary dividends" that is subject to the Alternative Minimum Tax.

## Details of Additional Summary Information 1996

**Other Income**

***This income consists of securities which are subject to K-1 reporting by the partnership/trust.***

| Reference number | Description | Amount |
|---|---|---|
| 170000100 | SCOTTSDALE LAND TRUST L P | $ 1,530.20 |
| **Total** | | **$ 1,530.20** |

## Details of Short Term Gain (Loss) 1996

*This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

| Reference number | Quantity | Security Description | Opening Trade Date | Closing Trade Date | Sale Proceeds | Cost | (Loss) | Gain |
|---|---|---|---|---|---|---|---|---|
| 125000100 | 600 | CORNING INC | 08/01/95 | 05/22/96 | $ 23,169.00 | $ 19,394.01 | | $ 3,774.99 |
| **Total** | | | | | **$ 23,169.00** | **$ 19,394.01** | | **$ 3,774.99** |

1996 YEAR END SUMMARY

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SMITH BARNEY

Ref: 00006509 00040443

A Member of TravelersGroup

# Select Client Statement
# 1996 Year End Summary

**CONGRESSMAN NICK JOE RAHALL II**

**Account Number 685-03503-12 291 SS # 236-78-8645**

## Details of Long Term Gain (Loss) 1996

*This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

| Reference number | Quantity | Security Description | Opening Trade Date | Closing Trade Date | Sale Proceeds | Cost | (Loss) | Gain |
|---|---|---|---|---|---|---|---|---|
| 125000200 | 60 | IMATION CORP | 11/25/92 | 12/05/96 | $ 1,772.43 | $ 1,219.24 | | $ 553.19 |
| 125000300 | 100 | INTL BUSINESS MACHINES CORP | 04/01/93 | 05/22/96 | 10,947.28 | 5,187.50 | | 5,759.78[b] |
| 125000400 | 20 | LEHMAN BROTHERS HOLDINGS INC NO DIFFERENTIAL | 03/19/87 | 05/22/96 | 447.48 | 472.56 | (25.08)[b] | |
| **Total** | | | | | $ 13,167.19 | $ 6,879.30 | ($ 25.08) | $ 6,312.97 |

[b] *Based on information supplied by your Financial Consultant.*

## Details of Deposits and Withdrawals 1996

***This section reflects any deposits or withdrawals made to your account during the year.***

### Withdrawals

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000100 | 03/22/96 | INVESTMENT & ADVISORY SERVICES FROM 03/01/96 TO 05/31/96 | | $ 1,096.72 |
| 220000300 | 06/18/96 | FROM 685-03503-01 TO 685-06149-01 | | 10,000.00 |
| 220000500 | 09/20/96 | INVESTMENT & ADVISORY SERVICES FROM 09/01/96 TO 11/30/96 | | 1,082.37 |
| 220000700 | 12/20/96 | INVESTMENT & ADVISORY SERVICES FROM 12/01/96 TO 02/28/97 | | 1,134.92 |
| **Total** | | | | $ 26,044.77 |

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000200 | 05/06/96 | FROM 685-03503-01 TO 685-06149-01 | | $ 10,000.00 |
| 220000400 | 06/21/96 | INVESTMENT & ADVISORY SERVICES FROM 06/01/96 TO 08/31/96 | | 1,105.76 |
| 220000600 | 09/30/96 | FROM 685-03503-01 TO 685-06149-01 | | 1,625.00 |

1996 YEAR END SUMMARY

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1850 K STREET, N.W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 108600 022

AAA Customer Service
1-800-869-DEAN

NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE
1301 DELAWARE AVE SW
APT # 409N
WASHINGTON DC 20024 3913

## Asset Summary (Year End)

| | Value | Percent of assets |
|---|---|---|
| Money Market Funds | $5,621.24 | 4.7% |
| Stocks/Options | 111,742.39 | 95.3 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 0.00 | 0.0 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $117,363.63 | 100.0% |
| Cash | 5.32 | |
| Total Asset Value | $117,368.95 | |

## Income Summary for 1996

| | |
|---|---|
| Money Market Funds | $203.91 |
| Stocks | 898.31 |
| Municipal Bonds | 0.00 |
| Corporate Fixed Income | 0.00 |
| Government Securities | 0.00 |
| Mutual Funds | 0.00 |
| Unit Investment Trusts | 0.00 |
| Certificates of Deposit | 0.00 |
| Other | 0.00 |
| **Total Income** | $1,102.22 |
| Taxable Income | $1,102.22 |
| Tax Exempt Income | $0.00 |

## Activity Summary for 1996

**Total Asset Value as of January 1 1996** $102,748.72

Summary of Activity Categories for 1996

| | |
|---|---|
| Income | $1,102.22 |
| Deposits | 0.00 |
| Assets Sold | 122,294.96 |
| Other | -2,935.46 |
| Checking | 0.00 |
| Visa | 0.00 |
| Withdrawals | 0.00 |
| Assets Bought | -118,326.63 |

Changes in Asset Value for 1996

| | |
|---|---|
| Value of Priced Assets as of 1/1/96 | $99,178.29 |
| Assets Bought | 118,326.63 |
| Assets Received | 0.00 |
| Assets Sold | -122,294.96 |
| Assets Delivered | 0.00 |
| Change in Value of Priced Assets | 16,532.43 |
| Value of Priced Assets as of 12/31/96 | 111,742.39 |

**Net Change In Asset Value** 12,564.10

**Total Asset Value as of December 31 1996** $117,368.95

*The Active Assets Account provides up to $50 million in securities protection; $500,000 in coverage through the Securities Investor Protection Corp., and $49.5 million through independent third party coverage purchased by Dean Witter.*

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

## YEAR END ASSETS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | 5.32 | --- | --- |
| ACTIVE ASSETS MONEY TRUST | 5,621.24 | 4.7% | 284 |
| ***Total Cash and Money Market Funds*** | $5,626.56 | 4.7% | $284 |

**Annualized 30 Day Yields**

| | |
|---|---|
| Active Assets Money Trust | 5.06% |
| Active Assets Govt. Sec. Tr. | 4.78% |
| Active Assets California Tax Free | 2.84% |
| Active Assets Tax Free Trust | 3.06% |
| Dean Witter Insured Account | 4.69% |
| Active Assets Deposit Account | 4.69% |

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Additional Information |
|---|---|---|---|---|---|---|---|
| ***Common Stocks*** | | | | | | | |
| 31 | ABACAN RESOURCE CORP | 8 5/8 | 267.37 | 0.3% | 0 | 0.00% | |
| 62 | AMWAY JPN LTD SPON ADR | 16 5/8 | 1,030.75 | 0.9% | 30 | 2.94% | Next Dividend Payable 03/97 |
| 25 | ASCEND COMMUNICATIONS INC | 62 1/8 | 1,553.12 | 1.4% | 0 | 0.00% | |
| 18 | ASH LITHOGRAPHY HLDG NV ORD | 49 3/4 | 895.50 | 0.8% | 0 | 0.00% | |
| 39 | BAAN COMPANY NV | 34 3/4 | 1,355.25 | 1.2% | 0 | 0.00% | |
| 41 | BASF AG NEW ADR | 38 3/8 | 1,573.37 | 1.3% | 53 | 3.41% | Next Dividend Payable 07/97 |
| 58 | BED BATH & BEYOND INC | 24 1/4 | 1,406.50 | 1.2% | 0 | 0.00% | |
| 5 | BRIDGESTONE CP ADR | 189 1/2 | 947.50 | 0.8% | 4 | .49% | Next Dividend Payable 04/15/97 |
| 18 | BRITISH AIRWAYS FINL INST ADR | 102 3/4 | 1,849.50 | 1.6% | 42 | 2.30% | Next Dividend Payable 02/06/97 |
| 15 | CANON INC ADR NEW | 110 | 1,650.00 | 1.4% | 7 | .44% | Next Dividend Payable 01/15/97 |
| 22 | CASCADE COMMUNICATION CORP | 55 1/8 | 1,212.75 | 1.0% | 0 | 0.00% | |
| 23 | CATALINA MARKETING CORP | 55 1/8 | 1,267.87 | 1.1% | 0 | 0.00% | |
| 27 | CHESAPEAKE ENERGY CORP | 55 5/8 | 1,501.87 | 1.3% | 0 | 0.00% | |
| 187 | CHEUNG KONG HOLDINGS ADR | 8 7/8 | 1,659.62 | 1.4% | 26 | 1.61% | Next Dividend Payable 05/97 |
| 38 | COFLEXIP SPONSORED ADR | 26 1/4 | 997.50 | 0.8% | 11 | 1.11% | |
| 9 | COGNOS INC | 28 1/8 | 253.12 | 0.2% | 0 | 0.00% | |
| 84 | COMAIR HOLDINGS | 24 | 2,016.00 | 1.7% | 20 | 1.00% | Next Dividend Payable 02/97 |
| 21 | COMPANIA DE TELE DE CHIL NEW | N/A | 0.00 | N/A | 0 | 0.00% | |
| 28 | COMPUWARE CORP | 50 1/8 | 1,403.50 | 1.2% | 0 | 0.00% | |
| 73 | CONCORD EFS INC | 28 1/4 | 2,062.25 | 1.8% | 0 | 0.00% | |
| 28 | CONSECO INC | 63 3/4 | 1,785.00 | 1.5% | 7 | .39% | Next Dividend Payable 01/02/97 |
| 44 | CONTL AG SPONS ADR | 17 7/8 | 786.50 | 0.7% | 10 | 1.33% | |
| 52 | CORE LABORATORIES N V | 16 3/4 | 871.00 | 0.7% | 0 | 0.00% | |
| 28 | CRH PLC ADR | 50 3/4 | 1,421.00 | 1.2% | 20 | 1.47% | Next Dividend Payable 05/97 |
| 26 | DAIMLERBENZ AKTIENGESELLSCHAFT | 68 1/2 | 1,781.00 | 1.5% | 0 | 0.00% | |
| 25 | DIXONS GRP PLC ADR | 27 3/4 | 693.75 | 0.6% | 10 | 1.56% | Next Dividend Payable 04/97 |
| 29 | DRECO ENERGY SVC A | 36 5/8 | 1,062.12 | 0.9% | 0 | 0.00% | |
| 42 | DSP COMMUNICATION INC | 19 3/8 | 813.75 | 0.7% | 0 | 0.00% | |
| 25 | ENI SPA AMER DEP RCPT | 51 5/8 | 1,290.62 | 1.1% | 23 | 1.83% | |
| 40 | ENTERPR OIL PLC SPON ADR ORD | 33 1/2 | 1,340.00 | 1.1% | 32 | 2.40% | Next Dividend Payable 05/97 |
| 26 | ERICSSON LM TEL ADR B SEK 10 | 30 1/8 | 783.25 | 0.7% | 5 | .72% | Next Dividend Payable 05/97 |
| 38 | FLEETWOOD ENTERPRISES | 27 1/2 | 1,045.00 | 0.9% | 24 | 2.32% | Next Dividend Payable 02/12/97 |
| 37 | FRESENIUS MEDICAL CARE AG | 28 1/8 | 1,040.62 | 0.9% | 0 | 0.00% | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | | Additional Information |
|---|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | | |
| 33 | FUJI PHOTO ADR NEW | 33 | 1,089.00 | 0.9% | 4 | .42% | ..... | Next Dividend Payable 06/97 |
| 44 | GARTNER GROUP CL A | 38 7/8 | 1,710.50 | 1.5% | 0 | 0.00% | | |
| 26 | GATEWAY 2000 INC | 53 1/2 | 1,391.00 | 1.2% | 0 | 0.00% | | |
| 18 | GILAT SATELLITE NTWK LTD ORD | 24 5/8 | 443.25 | 0.4% | 0 | 0.00% | | |
| 35 | GREEN TREE FINANCIAL CORP | 38 5/8 | 1,351.87 | 1.2% | 10 | .77% | ..... | Next Dividend Payable 03/97 |
| 38 | GROUPE AB SA ADS | 14 3/8 | 546.25 | 0.5% | 0 | 0.00% | | |
| 62 | GRUPO IND MASECA SA DE CV ADS | 19 1/8 | 1,185.75 | 1.0% | 19 | 1.67% | ..... | Next Dividend Payable 05/97 |
| 75 | GUANGDONG INV LTD SP ADR | 9 5/8 | 721.87 | 0.6% | 7 | 1.05% | | |
| 10 | GUCCI GROUP NV | 63 7/8 | 638.75 | 0.5% | 2 | .39% | | |
| 28 | HBO & CO | 59 3/8 | 1,662.50 | 1.4% | 2 | .13% | ..... | Next Dividend Payable 01/20/97 |
| 57 | HEALTH MGMT ASSOC CL A | 22 1/2 | 1,282.50 | 1.1% | 0 | 0.00% | | |
| 42 | HONDA MOTOR COMPANY LTD ADR | 56 5/8 | 2,378.25 | 2.0% | 8 | .37% | ..... | Next Dividend Payable 05/97 |
| 34 | HUTCHISON WHAMPOA ADR | 39 1/4 | 1,334.50 | 1.1% | 26 | 1.98% | ..... | Next Dividend Payable 05/97 |
| 47 | ING GROEP NV ADR | 35 7/8 | 1,686.12 | 1.4% | 38 | 2.29% | ..... | Next Dividend Payable 03/97 |
| 28 | KINGFISHER PLC SPN ADR | 21 1/2 | 602.00 | 0.5% | 15 | 2.62% | ..... | Next Dividend Payable 06/97 |
| 5 | KOMATSU LTD ADR | 163 5/8 | 818.12 | 0.7% | 6 | .74% | ..... | Next Dividend Payable 05/97 |
| 52 | LA QUINTA INNS INC | 19 1/8 | 994.50 | 0.8% | 3 | .36% | ..... | Next Dividend Payable 03/97 |
| 18 | MEMTEC LTD ADR NEW | 32 7/8 | 591.75 | 0.5% | 1 | .20% | ..... | Next Dividend Payable 12/97 |
| 33 | MINEBEA LTD ADR | 41 5/8 | 1,373.62 | 1.2% | 8 | .60% | | |
| 18 | NEC CORP ADR | 60 3/4 | 1,093.50 | 0.9% | 7 | .71% | ..... | Next Dividend Payable 05/97 |
| 52 | NICE SYSTEMS LTD ADR | 18 | 936.00 | 0.8% | 0 | 0.00% | | |
| 182 | NINTENDO CO LTD ADR NEW | 8 7/8 | 1,615.25 | 1.4% | 15 | .94% | ..... | Next Dividend Payable 05/97 |
| 29 | NIPPON TELEGRAPH&TELEPHONE ADS | 39 5/8 | 1,161.87 | 1.0% | 5 | .48% | | |
| 78 | NOBLE DRILLING | 19 7/8 | 1,550.25 | 1.3% | 0 | 0.00% | | |
| 24 | NOKIA CP ADR | 57 5/8 | 1,383.00 | 1.2% | 12 | .93% | ..... | Next Dividend Payable 04/97 |
| 25 | NOVARTIS AG ADR | 57 | 1,425.00 | 1.2% | 12 | .90% | | |
| 14 | OCE VAN DER GRITEN NV ADR | 108 | 1,512.00 | 1.3% | 17 | 1.14% | ..... | Next Dividend Payable 06/97 |
| 16 | OIL CO LUKOIL SPN ADR | 44 7/8 | 718.00 | 0.6% | 1 | .25% | | |
| 30 | OXFORD HEALTH PLANS | 58 1/2 | 1,755.00 | 1.5% | 0 | 0.00% | | |
| 32 | PAIRGAIN TECHNOLOGIES | 30 3/8 | 972.00 | 0.8% | 0 | 0.00% | | |
| 44 | PEREZ COMPANC SA SPS ADR | 14 | 616.00 | 0.5% | 13 | 2.27% | ..... | Next Dividend Payable 01/03/97 |
| 11 | PERUSAHAAN PERSEROAN INDONESIA | 34 1/2 | 379.50 | 0.3% | 1 | .51% | | |
| 29 | PETROLIUM GEO SVCES A/S ADS | 39 | 1,131.00 | 1.0% | 0 | 0.00% | | |
| 33 | PHYCOR INC | 28 3/8 | 936.37 | 0.8% | 0 | 0.00% | | |
| 40 | QIAGEN NV | 25 3/4 | 1,030.00 | 0.9% | 0 | 0.00% | | |
| 17 | QUINTILES TRANSNATIONAL | 66 1/4 | 1,126.25 | 1.0% | 0 | 0.00% | | |
| 40 | ROLLS ROYCE PLC SPONS ADR | 22 | 880.00 | 0.7% | 16 | 1.87% | ..... | Next Dividend Payable 01/17/97 |
| 16 | ROYAL BANK OF CANADA | 35 | 560.00 | 0.5% | 17 | 3.13% | ..... | Next Dividend Payable 02/97 |
| 52 | SAFEWAY INC COM NEW | 42 3/4 | 2,223.00 | 1.9% | 0 | 0.00% | | |
| 18 | SAVILLE SYSTEMS PLC ADR | 40 5/8 | 731.25 | 0.6% | 0 | 0.00% | | |
| 32 | SGL CARBON ADR | 41 7/8 | 1,340.00 | 1.1% | 0 | 0.00% | | |
| 8 | SHARP CORPORATION A D R | 142 1/8 | 1,137.00 | 1.0% | 6 | .61% | ..... | Next Dividend Payable 05/97 |
| 12 | SHL TRNS&TRAD PLC NY SH NEW | 102 3/8 | 1,228.50 | 1.0% | 41 | 3.38% | ..... | Next Dividend Payable 05/97 |
| 14 | SONY CORP ADR 1974 NEW | 65 5/8 | 918.75 | 0.8% | 5 | .57% | ..... | Next Dividend Payable 05/97 |
| 17 | STET SOCIETA FIN TELEF SP ADR | 44 3/8 | 754.37 | 0.6% | 9 | 1.28% | ..... | Next Dividend Payable 07/97 |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #/1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | | Additional Information |
|---|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | | |
| 34 | STORAGE TECHNOLOGY CORP NEW | 47 7/8 | 1,627.75 | 1.4% | 0 | 0.00% | | |
| 42 | SYBRON INTL CP WISC | 33 | 1,386.00 | 1.2% | 0 | 0.00% | | |
| 15 | TAIYO YUDEN CO LTD UNSP ADR | 55 3/4 | 836.25 | 0.7% | 3 | .39% | | |
| 33 | TOK CP ADR NEW | 65 3/4 | 2,169.75 | 1.8% | 13 | .63% | ..... | Next Dividend Payable 05/97 |
| 13 | TECHNOMATIX TECH LTD ORD | 26 1/2 | 344.50 | 0.3% | 0 | 0.00% | | |
| 5 | TELECOM CP NZ LTD ADS | 81 | 405.00 | 0.3% | 20 | 5.00% | ..... | Next Dividend Payable 03/97 |
| 59 | TELEDATA COMMUNICATIONS ORD | 23 | 1,357.00 | 1.2% | 0 | 0.00% | | |
| 13 | TELEFONICA DE ARGENTINA S.A. | 25 7/8 | 336.37 | 0.3% | 13 | 3.97% | ..... | Next Dividend Payable 06/97 |
| 12 | TELEFONICA DE ESPANA SA ADR | 69 1/4 | 831.00 | 0.7% | 16 | 2.00% | | |
| 105 | TOHRA SYS A/S ADR NEW | 15 1/2 | 1,627.50 | 1.4% | 3 | .19% | | |
| 59 | TUBOS DE ACERO NEW ADR | 15 7/8 | 936.62 | 0.8% | 0 | 0.00% | | |
| 48 | UTD ASSET MANAGEMENT | 26 5/8 | 1,278.00 | 1.1% | 32 | 2.55% | ..... | Next Dividend Payable 01/15/97 |
| 16 | VINA CONCHA Y TORO S.A. ADS | 23 1/2 | 329.00 | 0.3% | 5 | 1.56% | ..... | Next Dividend Payable 01/07/97 |
| 15 | VOLKSWAGEN AG SPON ADR | 83 | 1,245.00 | 1.1% | 8 | .68% | ..... | Next Dividend Payable 06/97 |
| 23 | WESTERN AREAS GOLD MNG LTD ADR | 13 3/4 | 316.25 | 0.3% | 0 | 0.00% | | |
| 49 | WESTERN DIGITAL CORPORATION | 56 7/8 | 2,786.87 | 2.4% | 0 | 0.00% | | |
| 24 | WESTPAC BANKING SPONS ADR | 28 1/2 | 684.00 | 0.6% | 30 | 4.51% | ..... | Next Dividend Payable 02/06/97 |
| 56 | WOOLWORTH CORP | 22 | 1,232.00 | 1.0% | 0 | 0.00% | | |
| 35 | WPP GROUP PLC ADR NEW | 42 7/8 | 1,500.62 | 1.3% | 8 | .55% | | |
| ***Total Stocks/Options*** | | | $111,742.39 | 95.3% | $831 | .74% | | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| ***Total Asset Value*** | $117,368.95 | $1,116 |

## 1996 ACTIVITY DETAILS

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 05-10 | Bought | 64 | ABACAN RESOURCE CORP | 5.3750 | 344.00 | |
| | 10-29 | Sold | 33 | ABACAN RESOURCE CORP | 7.5203 | 248.17 | |
| | 08-09 | Bought | 38 | ACCUSTAFF INC | 31 | 1,178.00 | |
| | 09-05 | Sold | 38 | ACCUSTAFF INC | 23.0959 | 877.64 | |
| | 09-09 | Sold | 26 | ADAPTEC INC | 48.5838 | 1,263.18 | |
| | 04-26 | Sold | 19 | ALTERA CP | 50.3300 | 956.27 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 1122

## Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 06-12 | Bought | 29 | VALMET CORP ADS ( 1ADS=2SHS ) | 31.3630 | 909.53 | |
| 11-19 | Sold | 29 | VALMET CORP ADS ( 1ADS=2SHS ) | 32 | 927.96 | |
| 02-21 | Sold | 121 | VARITRONIX INTL LTD SPON ADR | 9.1250 | 1,104.13 | |
| 01-19 | Sold | 400 | VICKERS PLC ADR NEW | 3.7370 | 1,494.80 | |
| 10-15 | Sold | 57 | VIDEOTRON HLDGS PLC SP ADR | 16.5000 | 940.50 | |
| 12-03 | Bought | 14 | VINA CONCHA Y TORO S.A. ADS | 24 | 336.00 | |
| 02-12 | Sold | 19 | VOLKSWAGEN AG SPON ADR | 73.2860 | 1,392.43 | |
| 08-27 | Bought | 15 | VOLKSWAGEN AG SPON ADR | 72.6250 | 1,089.38 | |
| 05-17 | Bought | 59 | WASTE MGMT INT PLC SPON ADR | 11.7500 | 693.25 | |
| 09-05 | Sold | 59 | WASTE MGMT INT PLC SPON ADR | 9.5000 | 560.48 | |
| 09-04 | Bought | 23 | WESTERN AREAS GOLD MNG LTD ADR | 14.0501 | 322.69 | |
| 05-31 | Bought | 49 | WESTERN DIGITAL CORPORATION | 26.7440 | 1,310.46 | |
| 11-06 | Bought | 11 | WESTPAC BANKING SPONS ADR | 28.2500 | 310.75 | |
| 11-14 | Bought | 13 | WESTPAC BANKING SPONS ADR | 28.2500 | 367.25 | |
| 01-03 | Sold | 45 | WESTVACO CORPORATION | 26.5720 | 1,195.70 | |
| 01-23 | Sold | 31 | WILLIAMS CO INC | 44.0040 | 1,364.07 | |
| 09-19 | Bought | 56 | WOOLWORTH CORP | 21.8750 | 1,225.00 | |
| 03-27 | Bought | 21 | WPP GROUP PLC ADR NEW | 30.5000 | 640.50 | |
| 04-03 | Bought | 14 | WPP GROUP PLC ADR NEW | 30.9380 | 433.13 | |
| 04-23 | Sold | 45 | XILINX INC | 31.2770 | 1,407.47 | |
| 01-17 | Sold | 15 | YPF SOCIEDAD ADS REP 1 CL-D SH | 21.5000 | 322.48 | |

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 203.91 | Money Market Funds |
| Dividend | AMERICAN FINANCIAL GROUP INC | 9.50 | Stocks |
| Dividend | AMWAY JPN LTD SPON ADR | 11.60 | Stocks |
| Dividend | ASARCO INC | 6.80 | Stocks |
| Dividend | BANCO DE SANTANDER ADR | 9.39 | Stocks |
| Dividend | BANCO LATINOAMERICANO CLASS E | 9.24 | Stocks |
| Dividend | BANK OF TOKYO-MITSUBISHI LTD | 2.16 | Stocks |
| Dividend | BOWATER INCORPORATED | 3.15 | Stocks |
| Dividend | BRIDGESTONE CP ADR | 8.87 | Stocks |
| Dividend | BRITISH AIRWAYS FINL INST ADR | 24.76 | Stocks |
| Dividend | CANON INC ADR NEW | 9.10 | Stocks |
| Dividend | CHEUNG KONG HOLDINGS ADR | 26.73 | Stocks |
| Dividend | CIBA GEIGY AG SPON ADR | 19.31 | Stocks |
| Dividend | COMAIR HOLDINGS | 16.84 | Stocks |
| Dividend | COMPANIA DE TELECOMM DE CHILE | 16.48 | Stocks |
| Dividend | CONSECO INC | 1.75 | Stocks |
| Dividend | CRH PLC ADR | 20.93 | Stocks |
| Dividend | DANKA BUSINESS SYST ADR | 6.51 | Stocks |
| Dividend | DIXONS GRP PLC ADR | 37.66 | Stocks |
| Dividend | EASTMAN CHEMICAL COMPANY | 16.80 | Stocks |
| Dividend | EL PASO NATURAL GAS COM NEW | 12.16 | Stocks |
| Dividend | ENI SPA AMER DEP RCPT | 23.64 | Stocks |

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DEAN WITTER REYNOLDS INC.

## 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

**Income**

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | FLEETWOOD ENTERPRISES | 6.08 | Stocks |
| Dividend | FUJI PHOTO ADR NEW | 3.95 | Stocks |
| Dividend | GKN PUB LTD CO ADR | 34.25 | Stocks |
| Dividend | GREEN TREE FINANCIAL CORP | 6.98 | Stocks |
| Dividend | GRUPO IND HASECA SA DE CV ADS | 19.89 | Stocks |
| Dividend | GUANGDONG INV LTD SP ADR | 3.51 | Stocks |
| Dividend | GUCCI GROUP NV | 2.25 | Stocks |
| Dividend | HBO & CO | 2.24 | Stocks |
| Dividend | HONDA MOTOR COMPANY LTD ADR | 10.51 | Stocks |
| Dividend | HUTCHISON WHAMPOA ADR | 26.51 | Stocks |
| Dividend | ING GROEP NV ADR | 40.57 | Stocks |
| Dividend | KAJIMA CP ADR | 15.24 | Stocks |
| Dividend | KINGFISHER PLC SPN ADR | 6.78 | Stocks |
| Dividend | KOMATSU LTD ADR | 7.01 | Stocks |
| Dividend | KOOR INDS LTD | 2.07 | Stocks |
| Dividend | KOREA ELECTRIC POWER CORP ADS | 5.08 | Stocks |
| Dividend | KYOCERA CP ADR | 3.12 | Stocks |
| Dividend | LA QUINTA INNS INC | 1.82 | Stocks |
| Dividend | LEHMAN BROS HOLDING INC DELA | 4.80 | Stocks |
| Dividend | LINEAR TECHNOLOGY CORPORATION | .96 | Stocks |
| Dividend | LONDON INT GP PLC SPONSOR ADR | 5.07 | Stocks |
| Dividend | MATSUSHITA EL INDL ADR | 8.94 | Stocks |
| Dividend | MEMTEC LTD ADR NEW | 1.23 | Stocks |
| Dividend | MERCURY GENL CP NEW | 5.76 | Stocks |
| Dividend | MINEBEA LTD ADR | 14.63 | Stocks |
| Dividend | NIPPON TELEGRAPH&TELEPHONE ADS | 3.18 | Stocks |
| Dividend | NISSAN MTR CO LTD SPND ADR | 9.32 | Stocks |
| Dividend | NORSK HYDRO AS ADR SPONSORED | 16.32 | Stocks |
| Dividend | OCE VAN DER GRITEN NV ADR | 20.40 | Stocks |
| Dividend | OLD REPUBLIC INTL CP | 5.20 | Stocks |
| Dividend | OLYMPUS OPTICAL SPON ADR | 5.84 | Stocks |
| Dividend | PAINE WEBBER GROUP INC | 13.92 | Stocks |
| Dividend | PEP BOYS CO MANNY MOE & JACK | 1.89 | Stocks |
| Dividend | PHELPS DODGE CORP | 4.50 | Stocks |
| Dividend | PIONEER INTL LTD SPON ADR | 21.58 | Stocks |
| Dividend | REPSOL S A SPONSORED ADR | 18.00 | Stocks |
| Dividend | REUTERS HLDGS PLC ADR B | 4.81 | Stocks |
| Dividend | REYNOLDS METALS CO | 6.65 | Stocks |
| Dividend | ROCHE HOLDINGS ADR | 11.80 | Stocks |
| Dividend | ROYAL PTT NEDERLAND N.V. ADS | 14.62 | Stocks |
| Dividend | SANWA BANK LTD(JAPAN)ADR | 1.00 | Stocks |
| Dividend | SEKISUI HOUSE LTD ADR | 16.66 | Stocks |
| Dividend | SHARP CORPORATION A D R | 4.00 | Stocks |
| Dividend | SHL TRNS&TRAD PLC NY SH NEW | 12.36 | Stocks |
| Dividend | SIEBE PLC ADR | 18.15 | Stocks |
| Dividend | SIEMENS AG ADR NEW | 25.72 | Stocks |
| Dividend | SMITHKLINE PLC ADS 5 ORD | 7.87 | Stocks |
| Dividend | SONY CORP ADR 1974 NEW | 5.04 | Stocks |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | TADRIAN LTD ADS | 3.21 | Stocks |
| Dividend | TDK CP ADR NEW | 16.26 | Stocks |
| Dividend | TELECOM CP NZ LTD ADS | 17.02 | Stocks |
| Dividend | TELEFONICA DE ARGENTINA S.A. | 5.65 | Stocks |
| Dividend | TELEFONICA DE ESPANA SA ADR | 48.42 | Stocks |
| Dividend | US ROBOTICS CORP | .07 | Stocks |
| Dividend | UTD ASSET MANAGEMENT | 8.16 | Stocks |
| Dividend | WESTVACO CORPORATION | 9.90 | Stocks |
| Dividend | WPP GROUP PLC ADR NEW | 8.56 | Stocks |
| | Sub Total Stocks | $898.31 | |
| | Total Income | $1,102.22 | |

## Other

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 01-18 | Journal Out | ACCESS 1Q96 FEE NIC | -702.42 | |
| 01-18 | Stock Dividend | CONCORD EFS INC | 12.50 | CASH IN LIEU FRACTIONAL SHARE |
| 04-15 | Stock Dividend | SMITHKLINE PLC ADS S ORD | 18.46 | CASH IN LIEU FRACTIONAL SHARE |
| 04-18 | Journal Out | ACCESS 2Q96 FEE NIC | -752.05 | |
| 05-31 | Stock Dividend | BANK OF TOKYO-MITSUBISHI LTD | 6.97 | CASH IN LIEU FRACTIONAL SHARE |
| 06-06 | Stock Dividend | ING GROEP NV ADR | 15.56 | CASH IN LIEU FRACTIONAL SHARE |
| 06-28 | Stock Dividend | CONCORD EFS INC | 12.25 | CASH IN LIEU FRACTIONAL SHARE |
| 07-02 | Distribution | DAIMLERBENZ AKTIENGESELLSCHAFT | 0.60 | |
| 07-17 | Journal Out | ACCESS 3Q96 FEE NIC | -778.21 | |
| 07-24 | Distribution | BRITISH BIO-TECH GP PLC ADR | 11.81 | |
| 10-17 | Journal Out | ACCESS 4Q96 FEE NIC | -780.93 | |
| | Total | | -$2,935.46 | |

## Tax Information

| | For 1996 | | For 1996 |
|---|---|---|---|
| Reportable Gross Proceeds | 121,165.00 | Foreign Tax Paid | 78.96 |

*The tax information provided above should be used only as a guide; A complete 1099 will be sent to you.*

## Messages

*Please note that sell trades executed, checks written and Visa transactions made in 1996, and which settle early in 1997, will be reflected as 1996 transactions under the Assets, Checking and Visa sections of the Activity Details portion of the statement.*

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DEAN WITTER REYNOLDS INC.

Access

## * * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-108600 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 15 | YPF SOCIEDAD ADS REP 1 CL-D SH | 12-04-95 | 19.63 | 294.38 | 1-11-96 | 21.50 | 322.48 | 28.10 |
| 38 | AMERICAN FINANCIAL GROUP INC | 10-30-95 | 28.54 | 1,084.37 | 1-15-96 | 31.25 | 1,187.46 | 103.09 |
| 53 | BEAR STEARNS COMPANIES INC | 8-21-95 | 21.63 | 1,146.13 | 1-18-96 | 19.79 | 1,049.04 | (97.09) |
| 0 | CONCORD EFS INC | 1-18-96 | .00 | .00 | 1-18-96 | .00 | 12.50 | 12.50 |
| 26 | TENCOR INSTRUMENTS | 10-31-95 | 42.94 | 1,116.49 | 1-18-96 | 19.45 | 505.75 | (610.74) |
| 31 | WILLIAMS CO INC | 9-07-95 | 37.37 | 1,158.38 | 1-18-96 | 44.00 | 1,364.07 | 205.69 |
| 19 | REYNOLDS METALS CO | 9-20-95 | 58.88 | 1,118.63 | 1-23-96 | 50.63 | 962.01 | (156.62) |
| 21 | BOWATER INCORPORATED | 8-22-95 | 53.38 | 1,120.88 | 1-24-96 | 33.64 | 706.45 | (414.43) |
| 10 | CASTLE & COOKE INC | 10-27-95 | 15.65 | 156.50 | 1-29-96 | 12.37 | 123.74 | (32.76) |
| 65 | MEDEVA PLC SPON ADR | 9-08-95 | 16.13 | 1,048.13 | 2-07-96 | 14.76 | 959.30 | (88.83) |
| 11 | MEDEVA PLC SPON ADR | 11-07-95 | 17.50 | 192.45 | 2-07-96 | 14.76 | 162.34 | (30.11) |
| 18 | NOKIA CP ADR | 11-17-95 | 53.13 | 956.25 | 2-07-96 | 37.81 | 680.60 | (275.65) |
| 19 | VOLKSWAGEN AG SPON ADR | 12-19-95 | 65.50 | 1,244.50 | 2-07-96 | 73.29 | 1,392.43 | 147.93 |
| 18 | RTZ PLC SPONSOR ADR | 6-06-95 | 52.50 | 945.00 | 2-08-96 | 57.50 | 1,034.96 | 89.96 |
| 30 | DOLE FOOD CO INC | 10-27-95 | 31.66 | 949.65 | 2-15-96 | 39.75 | 1,192.46 | 242.81 |
| 10 | HITACHI 10 COM NEW ADR | 11-03-95 | 105.39 | 1,053.86 | 2-15-96 | 98.39 | 983.88 | (69.98) |
| 23 | SONY CORP ADR 1974 NEW | 12-18-95 | 54.87 | 1,261.96 | 2-15-96 | 60.96 | 1,402.10 | 140.14 |
| 121 | VARITRONIX INTL LTD SPON ADR | 3-23-95 | 7.50 | 907.50 | 2-15-96 | 9.13 | 1,104.13 | 196.63 |
| 29 | TERADYNE INC | 9-14-95 | 38.55 | 1,118.01 | 2-22-96 | 21.58 | 625.73 | (492.28) |
| 34 | ASARCO INC | 11-14-95 | 32.50 | 1,105.00 | 3-05-96 | 31.39 | 1,067.32 | (37.68) |
| 41 | BENETTON GRP SPA ADR NEW | 12-18-95 | 23.88 | 978.88 | 3-05-96 | 24.08 | 987.36 | 8.48 |
| 34 | NEWS CP LTD ADR NEW | 6-30-95 | 22.63 | 769.25 | 3-05-96 | 23.00 | 781.97 | 12.72 |
| 106 | LONDON INT GP PLC SPONSOR ADR | 6-26-95 | 9.43 | 999.05 | 3-06-96 | 8.63 | 914.25 | (84.80) |
| 76 | RANK GROUP PLC ADR | 3-15-95 | 12.61 | 958.44 | 3-06-96 | 14.88 | 1,130.50 | 172.06 |
| 12 | TELE BRASILEIRAS SA SPND ADR | 10-30-95 | 40.00 | 480.00 | 3-07-96 | 48.56 | 582.71 | 102.71 |
| 37 | TELE DENMARK A/S ADS | 8-10-95 | 27.38 | 1,012.88 | 3-18-96 | 27.37 | 1,012.84 | (.04) |

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DW-1(C01 (05-92) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 6111

DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-108600 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 10 | EBARA CORP ADR | 10-30-95 | 141.00 | 1,410.00 | 3-19-96 | 142.50 | 1,425.00 | 15.00 |
| 20 | BANCO DE SANTANDER ADR | 12-27-95 | 49.59 | 991.86 | 3-26-96 | 46.50 | 929.96 | (61.90) |
| 40 | C S HLDG SPON ADR | 12-20-95 | 25.38 | 1,015.00 | 3-28-96 | 22.64 | 905.76 | (109.24) |
| 10 | GUCCI GROUP NV | 3-07-96 | 45.77 | 457.69 | 4-11-96 | 52.87 | 528.73 | 71.04 |
| 22 | KOREA ELECTRIC POWER CORP ADS | 9-06-95 | 24.00 | 528.00 | 4-11-96 | 24.02 | 528.33 | .33 |
| 18 | SMITHKLINE PLC ADS 5 ORD | 12-26-95 | 54.86 | 987.49 | 4-16-96 | 50.00 | 899.97 | (87.52) |
| 45 | XILINX INC | 6-27-95 | 31.42 | 1,413.75 | 4-18-96 | 31.28 | 1,407.47 | (6.28) |
| 43 | BOST SCIENTIFIC CORP | 7-31-95 | 35.99 | 1,547.74 | 4-19-96 | 42.57 | 1,830.53 | 282.79 |
| 48 | ERICSSON LM TEL ADR B SEK 10 | 5-31-95 | 18.32 | 879.17 | 4-19-96 | 19.56 | 938.64 | 59.47 |
| 4 | ERICSSON LM TEL ADR B SEK 10 | 10-19-95 | 13.47 | 53.88 | 4-19-96 | 19.56 | 78.22 | 24.34 |
| 24 | MERCURY GENL CP NEW | 12-29-95 | 47.25 | 1,134.00 | 4-19-96 | 41.60 | 998.40 | (135.60) |
| 32 | PICTURE TEL NEW | 11-21-95 | 35.21 | 1,126.56 | 4-19-96 | 32.91 | 1,052.96 | (73.60) |
| 19 | ALTERA CP | 8-22-95 | 61.71 | 1,172.45 | 4-23-96 | 50.33 | 956.27 | (216.18) |
| 0 | SMITHKLINE PLC ADS 5 ORD | 4-25-96 | .00 | .00 | 4-25-96 | .00 | 18.46 | 18.46 |
| 9 | TELEFONOS DE MX SA DE CV ADR | 2-07-96 | 32.50 | 292.50 | 4-30-96 | 34.25 | 308.23 | 15.73 |
| 12 | PERUSAHAAN PERSEROAN INDONESIA | 12-26-95 | 24.88 | 298.50 | 5-08-96 | 31.75 | 380.98 | 82.48 |
| 18 | NORSK HYDRO AS ADR SPONSORED | 8-08-95 | 44.09 | 793.67 | 5-10-96 | 44.50 | 800.97 | 7.30 |
| 10 | TELECOM CP NZ LTD ADS | 10-25-95 | 66.71 | 667.10 | 5-10-96 | 67.59 | 675.85 | 8.75 |
| 60 | TRIPLE P N V | 2-15-96 | 14.81 | 888.42 | 5-13-96 | 5.98 | 358.68 | (529.74) |
| 24 | LINEAR TECHNOLOGY CORPORATION | 2-27-96 | 48.50 | 1,164.00 | 5-15-96 | 33.92 | 814.08 | (349.92) |
| 48 | LEHMAN BROS HOLDING INC DELA | 9-07-95 | 24.00 | 1,152.00 | 5-16-96 | 25.61 | 1,229.09 | 77.09 |
| 60 | OLD REPUBLIC INTL CP | 10-31-95 | 19.08 | 1,145.00 | 5-17-96 | 21.71 | 1,302.67 | 157.67 |
| 30 | REPSOL S A SPONSORED ADR | 7-03-95 | 31.11 | 933.21 | 5-20-96 | 34.50 | 1,034.96 | 101.75 |
| 302 | PIONEER INTL LTD SPON ADR | 3-01-96 | 3.04 | 918.08 | 5-21-96 | 2.90 | 876.40 | (41.68) |
| 27 | US ROBOTICS CORP | 6-27-95 | 26.05 | 703.32 | 5-23-96 | 98.94 | 2,671.41 | 1,968.09 |
| 15 | KOOR INDS LTD | 12-26-95 | 20.88 | 313.13 | 5-24-96 | 17.76 | 266.35 | (46.78) |

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DWR-12CRS (05-93) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 6111

DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES

642-108600 NICK JOE RAHALL II

1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT

MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 30 | TOTAL PETROLEUM ADR | 11-16-95 | 33.38 | 1,001.25 | 5-24-96 | 34.78 | 1,043.39 | 42.14 |
| 6 | DEUTSCHE LUFTHANSA AG ADR | 4-22-96 | 170.00 | 1,020.00 | 6-05-96 | 151.22 | 907.33 | (112.67) |
| 19 | GILAT SATELLITE NTWK LTD ORD | 3-08-96 | 27.13 | 515.38 | 6-12-96 | 22.51 | 427.75 | (87.63) |
| 0 | BANK OF TOKYO-MITSUBISHI LTD | 6-12-96 | .00 | .00 | 6-12-96 | .00 | 6.97 | 6.97 |
| 31 | HARNISCHFEGER IND INC | 4-25-96 | 40.63 | 1,259.38 | 6-17-96 | 34.00 | 1,053.96 | (205.42) |
| 0 | ING GROEP NV ADR | 6-18-96 | .00 | .00 | 6-18-96 | .00 | 15.56 | 15.56 |
| 21 | TADRIAN LTD ADS | 5-29-96 | 27.53 | 578.19 | 6-28-96 | 27.00 | 566.98 | (11.21) |
| 20 | ROYAL PTT NEDERLAND N.V. ADS | 11-10-95 | 35.25 | 705.00 | 7-10-96 | 36.62 | 732.47 | 27.47 |
| 19 | BANCO FRANCES AM DEP SH (ADS) | 2-08-96 | 28.95 | 549.99 | 7-11-96 | 27.13 | 515.49 | (34.50) |
| 26 | MACROMEDIA INCORPORATED | 11-22-95 | 42.91 | 1,115.56 | 7-11-96 | 14.77 | 383.89 | (731.67) |
| 11 | TELEFONICA DE ARGENTINA S.A. | 5-03-96 | 29.00 | 319.00 | 7-11-96 | 27.37 | 301.12 | (17.88) |
| 0 | CONCORD EFS INC | 7-16-96 | .00 | .00 | 7-16-96 | .00 | 12.25 | 12.25 |
| 915 | OLIVETTI ADR | 4-29-96 | .70 | 640.50 | 7-16-96 | .49 | 448.35 | (192.15) |
| 66 | BANK OF TOKYO-MITSUBISHI LTD | 3-07-96 | 20.79 | 1,371.94 | 7-17-96 | 21.00 | 1,385.95 | 14.01 |
| 3 | BANK OF TOKYO-MITSUBISHI LTD | 6-03-96 | .00 | .00 | 7-17-96 | 21.00 | 63.00 | 63.00 |
| 35 | EL PASO NATURAL GAS | 5-23-96 | 37.13 | 1,299.38 | 7-17-96 | 40.62 | 1,421.83 | 122.45 |
| 5 | SANWA BANK LTD(JAPAN)ADR | 3-19-96 | 197.00 | 985.00 | 7-17-96 | 167.38 | 836.88 | (148.12) |
| 30 | SIEMENS AG ADR NEW | 8-30-95 | 50.99 | 1,529.75 | 7-18-96 | 52.00 | 1,560.00 | 30.25 |
| 11 | BANCO LATINOAMERICANO CLASS E | 12-11-95 | 45.47 | 500.17 | 7-19-96 | 53.12 | 584.36 | 84.19 |
| 22 | AMERICA ONLINE INC | 2-27-96 | 50.88 | 1,119.25 | 7-25-96 | 26.97 | 593.30 | (525.95) |
| 25 | C-CUBE MICROSYSTEMS INC | 5-23-96 | 49.50 | 1,237.50 | 7-26-96 | 24.75 | 618.75 | (618.75) |
| 36 | PEP BOYS CO MANNY MOE & JACK | 4-26-96 | 34.50 | 1,242.00 | 7-26-96 | 29.52 | 1,062.57 | (179.43) |
| 40 | OZEMAIL LTD ADR | 7-12-96 | 11.34 | 453.68 | 7-29-96 | 6.29 | 251.52 | (202.16) |
| 27 | KING WORLD PRODUCTION | 8-21-95 | 41.75 | 1,127.25 | 7-30-96 | 34.64 | 935.27 | (191.98) |
| 15 | SANTA ISABEL SA ADR | 7-12-96 | 28.71 | 430.61 | 7-31-96 | 27.29 | 409.42 | (21.19) |
| 28 | C S HLDG SPON ADR | 7-01-96 | 25.38 | 710.50 | 8-05-96 | 27.00 | 756.00 | 45.50 |

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DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-108600 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 41 | GENSET ADR | 6-27-96 | 19.25 | 789.25 | 8-15-96 | 15.50 | 635.50 | (153.75) |
| 145 | OLYMPUS OPTICAL SPON ADR | 2-21-96 | 9.75 | 1,413.75 | 8-21-96 | 9.25 | 1,340.73 | (73.02) |
| 38 | ACCUSTAFF INC | 8-06-96 | 31.00 | 1,178.00 | 8-30-96 | 23.10 | 877.64 | (300.36) |
| 59 | WASTE MGMT INT PLC SPON ADR | 5-14-96 | 11.75 | 693.25 | 8-30-96 | 9.50 | 560.48 | (132.77) |
| 26 | ADAPTEC INC | 9-14-95 | 43.02 | 1,118.55 | 9-04-96 | 48.58 | 1,263.18 | 144.63 |
| 59 | STAPLES INC | 4-24-96 | 20.63 | 1,216.88 | 9-10-96 | 18.38 | 1,084.13 | (132.75) |
| 10 | ONWARD KASHIYAMA LTD ADR | 7-26-96 | 77.00 | 770.00 | 9-11-96 | 72.00 | 720.00 | (50.00) |
| 10 | BANK FUKUOKA LTD ADR | 6-27-96 | 89.00 | 890.00 | 9-13-96 | 74.26 | 742.62 | (147.38) |
| 28 | NEW JAPAN SEC LTD ADR | 8-30-96 | 50.75 | 1,421.00 | 9-13-96 | 47.49 | 1,329.83 | (91.17) |
| 23 | PLANNING SCIENCES INTL PLC ADR | 5-14-96 | 31.38 | 721.63 | 9-18-96 | 12.51 | 287.76 | (433.87) |
| 27 | BUSINESS OBJ IC SPONS ADR | 7-25-96 | 23.97 | 647.24 | 9-24-96 | 17.00 | 459.00 | (188.24) |
| 58 | PAINE WEBBER GROUP INC | 4-24-96 | 21.49 | 1,246.65 | 10-01-96 | 21.25 | 1,232.70 | (13.95) |
| 34 | ELAN PLC ADR | 3-21-96 | 31.38 | 1,066.75 | 10-03-96 | 29.56 | 1,004.90 | (61.85) |
| 3 | BRIDGESTONE CP ADR | 12-18-95 | 150.50 | 451.50 | 10-04-96 | 174.00 | 522.00 | 70.50 |
| 15 | FUJI PHOTO ADR NEW | 5-22-96 | 31.81 | 477.19 | 10-04-96 | 30.38 | 455.63 | (21.56) |
| 5 | KOMATSU LTD ADR | 7-23-96 | 180.25 | 901.25 | 10-04-96 | 171.00 | 855.00 | (46.25) |
| 8 | MATSUSHITA EL INDL ADR | 12-18-95 | 159.91 | 1,279.26 | 10-04-96 | 164.28 | 1,314.25 | 34.99 |
| 9 | SONY CORP ADR 1974 NEW | 5-24-96 | 64.21 | 577.92 | 10-08-96 | 62.87 | 565.86 | (12.06) |
| 20 | BRITISH BIO-TECH GP PLC ADR | 3-08-96 | 35.50 | 710.00 | 10-16-96 | 32.00 | 640.00 | (70.00) |
| 42 | CEMEX/TOLMEX S.A D.E SP ADR | 8-08-96 | 7.75 | 325.50 | 10-18-96 | 8.00 | 336.00 | 10.50 |
| 86 | NISSAN MTR CO LTD SPND ADR | 2-20-96 | 16.13 | 1,386.75 | 10-22-96 | 15.28 | 1,313.65 | (73.10) |
| 43 | SIEBE PLC ADR | 10-31-95 | 24.03 | 1,033.29 | 10-22-96 | 30.38 | 1,306.13 | 272.84 |
| 33 | ABACAN RESOURCE CORP | 5-07-96 | 5.38 | 177.38 | 10-24-96 | 7.52 | 248.17 | 70.79 |
| 18 | DAIBIRU CORP ADR | 8-28-96 | 27.53 | 495.62 | 10-24-96 | 22.89 | 412.03 | (83.59) |
| 16 | TOMMY HILFIGER CORPORATION | 3-19-96 | 47.16 | 754.62 | 10-31-96 | 53.48 | 855.70 | 101.08 |
| 14 | COCA COLA FEMSA S.A. ADR | 10-08-96 | 24.25 | 339.50 | 10-31-96 | 23.44 | 328.13 | (11.37) |

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DWR-IC(93 (05-92) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 4111

DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-108600 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 20 | FLAMEL TECH SA ADR | 6-14-96 | 12.13 | 242.50 | 11-04-96 | 6.00 | 120.00 | (122.50) |
| 38 | LERNOUT&HAUSPIE SPEECH PROD NV | 2-15-96 | 28.40 | 1,079.31 | 11-05-96 | 17.12 | 650.47 | (428.84) |
| 34 | DAIBIRU CORP ADR | 8-28-96 | 27.53 | 936.16 | 11-07-96 | 22.32 | 758.83 | (177.33) |
| 13 | TELE BRASILEIRAS SA SPND ADR | 6-06-96 | 62.50 | 812.50 | 11-13-96 | 74.37 | 966.84 | 154.34 |
| 29 | VALMET CORP ADS ( 1ADS=2SHS ) | 6-07-96 | 31.36 | 909.53 | 11-14-96 | 32.00 | 927.96 | 18.43 |
| 38 | FLAMEL TECH SA ADR | 6-14-96 | 12.13 | 460.75 | 11-19-96 | 5.63 | 213.75 | (247.00) |
| 10 | REUTERS HLDGS PLC ADR B | 4-29-96 | 68.63 | 686.25 | 12-09-96 | 69.50 | 695.00 | 8.75 |
| 5 | REUTERS HLDGS PLC ADR B | 5-14-96 | 72.00 | 360.00 | 12-09-96 | 69.50 | 347.50 | (12.50) |
| 12 | COGNOS INC | 10-17-96 | 32.25 | 387.00 | 12-11-96 | 30.25 | 363.00 | (24.00) |
| 7 | KYOCERA CP ADR | 9-18-96 | 143.05 | 1,001.37 | 12-12-96 | 125.15 | 876.07 | (125.30) |
| 10 | KINGFISHER PLC SPN ADR | 8-16-96 | 20.25 | 202.50 | 12-19-96 | 20.25 | 202.50 | .00 |
| 0 | NOVARTIS AG ADR | 12-24-96 | .00 | .00 | 12-24-96 | .00 | 33.38 | 33.38 |
| | TOTAL SHORT TERM GAINS | | | | | | | 5,737.13 |
| | TOTAL SHORT TERM LOSSES | | | | | | | (10,564.67) |
| | SUBTOTAL SHORT TERM | | | 94,034.97 | | | 89,207.43 | (4,827.54) |
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 400 | VICKERS PLC ADR NEW | 6-10-94 | 2.67 | 1,068.00 | 1-16-96 | 3.74 | 1,494.80 | 426.80 |
| 10 | PHELPS DODGE CORP | 1-24-95 | 59.75 | 597.50 | 2-22-96 | 60.00 | 599.98 | 2.48 |
| 36 | STET SOCIETA FIN TELEF SP ADR | 7-20-93 | 24.63 | 886.50 | 3-05-96 | 31.50 | 1,133.96 | 247.46 |
| 20 | EASTMAN CHEMICAL COMPANY | 1-24-95 | 52.25 | 1,045.00 | 3-18-96 | 71.75 | 1,435.07 | 390.07 |
| 10 | MANNESMANN AG SP ADR | 2-03-95 | 275.86 | 2,758.60 | 4-29-96 | 339.00 | 3,390.00 | 631.40 |
| 250 | CITY DEV LTD SPON ADR | 7-20-93 | 2.65 | 662.50 | 5-17-96 | 7.44 | 1,859.25 | 1,196.75 |
| 19 | KAJIMA CP ADR | 3-08-95 | 95.00 | 1,805.00 | 5-31-96 | 100.58 | 1,911.02 | 106.02 |
| 20 | SEKISUI HOUSE LTD ADR | 2-08-95 | 119.50 | 2,390.00 | 6-26-96 | 115.92 | 2,318.34 | (71.66 |

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DWR-IC08 (05-92) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 6111

DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-108600 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

NICHOLAS-APPLEGATE CAPITAL MGMT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 40 | DANKA BUSINESS SYST ADR | 5-31-95 | 24.46 | 978.48 | 7-29-96 | 28.28 | 1,131.04 | 152.56 |
| 17 | NKK CORP ADR | 8-07-95 | 24.81 | 421.75 | 8-13-96 | 27.25 | 463.25 | 41.50 |
| 51 | NKK CORP ADR | 8-07-95 | 24.81 | 1,265.26 | 8-26-96 | 26.50 | 1,351.50 | 86.24 |
| 15 | ROCHE HOLDINGS ADR | 8-08-95 | 66.50 | 997.50 | 8-27-96 | 78.06 | 1,170.91 | 173.41 |
| 82 | SUN MICROSYSTEMS INC | 3-17-95 | 16.98 | 1,392.24 | 8-29-96 | 56.67 | 4,647.11 | 3,254.87 |
| 29 | HEALTHCARE COMPARE CP | 9-20-95 | 41.25 | 1,196.11 | 10-01-96 | 46.15 | 1,338.28 | 142.17 |
| 29 | US ROBOTICS CORP | 6-27-95 | 26.05 | 755.41 | 10-01-96 | 63.93 | 1,853.83 | 1,098.42 |
| 26 | MINEBEA LTD ADR | 6-01-95 | 33.13 | 861.25 | 10-07-96 | 43.75 | 1,137.50 | 276.25 |
| 57 | VIDEOTRON HLDGS PLC SP ADR | 4-07-95 | 16.75 | 954.75 | 10-09-96 | 16.50 | 940.50 | (14.25) |
| 19 | DIXONS GRP PLC ADR | 9-11-95 | 16.80 | 319.20 | 11-07-96 | 27.15 | 515.85 | 196.65 |
| 24 | GKN PUB LTD CO ADR | 8-10-95 | 12.75 | 306.00 | 11-12-96 | 18.13 | 435.00 | 129.00 |
| 15 | TELEFONICA DE ESPANA SA ADR | 11-30-94 | 38.85 | 582.81 | 11-15-96 | 65.00 | 974.96 | 392.15 |
| 30 | DIXONS GRP PLC ADR | 9-11-95 | 16.80 | 504.00 | 12-19-96 | 26.75 | 802.50 | 298.50 |
| 65 | GKN PUB LTD CO ADR | 8-10-95 | 12.75 | 828.75 | 12-24-96 | 16.20 | 1,052.92 | 224.17 |
| | TOTAL LONG TERM GAINS | | | | | | | 9,466.87 |
| | TOTAL LONG TERM LOSSES | | | | | | | (85.91) |
| | SUBTOTAL LONG TERM | | | 22,576.61 | | | 31,957.57 | 9,380.96 |
| | TOTAL ACCOUNT GAIN/LOSS | | | 116,611.58 | | | 121,165.00 | 4,553.42 |

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DWR-IACS1 (95-97) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 8111

DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1850 K STREET, N.W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 113487 022

AAA Customer Service
1-800-869-DEAN

NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES
1301 DELAWARE AVENUE SW APT 409N
WASHINGTON DC 20024 3913

## Asset Summary (Year End)

| | Value | Percent of assets |
|---|---|---|
| Money Market Funds | $5,817.65 | 4.6% |
| Stocks/Options | 118,246.46 | 95.4 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 0.00 | 0.0 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $124,064.11 | 100.0% |
| Cash | 96.28 | |
| **Total Asset Value** | **$124,160.39** | |

## Income Summary for 1996

| | |
|---|---|
| Money Market Funds | $327.60 |
| Stocks | 3,374.30 |
| Municipal Bonds | 0.00 |
| Corporate Fixed Income | 0.00 |
| Government Securities | 0.00 |
| Mutual Funds | 0.00 |
| Unit Investment Trusts | 0.00 |
| Certificates of Deposit | 0.00 |
| Other | 0.00 |
| **Total Income** | **$3,701.90** |
| Taxable Income | $3,701.90 |
| Tax Exempt Income | $0.00 |

## Activity Summary for 1996

**Total Asset Value as of January 1 1996** $113,786.72

Summary of Activity Categories for 1996

| | |
|---|---|
| Income | $3,146.54 |
| Deposits | 0.00 |
| Assets Sold | 56,055.54 |
| Other | -3,030.48 |
| Checking | 0.00 |
| Visa | 0.00 |
| Withdrawals | -10,000.00 |
| Assets Bought | -51,855.32 |

Changes in Asset Value for 1996

| | |
|---|---|
| Value of Priced Assets as of 1/1/96 | $102,485.46 |
| Assets Bought | 51,855.32 |
| Assets Received | 0.00 |
| Assets Sold | -56,055.54 |
| Assets Delivered | 0.00 |
| Change in Value of Priced Assets | 15,761.22 |
| Value of Priced Assets as of 12/31/96 | 118,246.46 |
| **Net Change in Asset Value** | 15,761.00 |
| **Total Asset Value as of December 31 1996** | $124,160.39 |

*The Active Assets Account provides up to $50 million in securities protection; $500,000 in coverage through the Securities Investor Protection Corp., and $49.5 million through independent third party coverage purchased by Dean Witter.*

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number 642 113487 AE 022

## YEAR END ASSETS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | 96.28 | --- | --- |
| ACTIVE ASSETS MONEY TRUST | 5,817.65 | 4.6% | 294 |
| ***Total Cash and Money Market Funds*** | **$5,913.93** | 4.6% | $294 |

| Annualized 30 Day Yields | |
|---|---|
| Active Assets Money Trust | 5.06% |
| Active Assets Govt. Sec. Tr | 4.78% |
| Active Assets California Tax Free | 2.84% |
| Active Assets Tax Free Trust | 3.06% |
| Dean Witter Insured Account | 4.69% |
| Active Assets Deposit Account | 4.69% |

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Additional Information |
|---|---|---|---|---|---|---|---|
| ***Common Stocks*** | | | | | | | |
| 205 | ALCATEL ALSTHOM SPON ADR | 16 | 3,280.00 | 2.7% | 49 | 1.49% | Next Dividend Payable 08/97 |
| 285 | ALLIED DOMECQ PLC ADR SPON | 7 3/4 | 2,208.75 | 1.8% | 105 | 4.78% | Next Dividend Payable 03/07/97 |
| 40 | AMERITECH CORP | 40 5/8 | 2,425.00 | 2.0% | 90 | 3.72% | Next Dividend Payable 02/01/97 |
| 121 | ARCHER DANIELS MIDLAND | 22 | 2,662.00 | 2.2% | 24 | .90% | Next Dividend Payable 03/97 |
| 53 | ASTRA AB CL B ADS | 47 3/4 | 2,530.75 | 2.0% | 19 | .77% | Next Dividend Payable 06/97 |
| 105 | BANCO CENTRAL HISPANOAMER ADR | 13 | 1,365.00 | 1.1% | 39 | 2.86% | Next Dividend Payable 06/97 |
| 25 | BANKAMERICA CORP | 99 3/4 | 2,493.75 | 2.0% | 54 | 2.16% | Next Dividend Payable 03/97 |
| 60 | BRITISH GAS PLC ADR | 38 1/8 | 2,287.50 | 1.8% | 148 | 6.48% | Next Dividend Payable 06/97 |
| 65 | CADBURY SCHW PLC ADR 10 ORD NW | 34 1/8 | 2,218.12 | 1.8% | 70 | 3.17% | Next Dividend Payable 06/97 |
| 165 | COMPAGNIE GENERALE DE EAUX ADR | 24 5/8 | 4,063.12 | 3.3% | 58 | 1.44% | |
| 40 | DAIMLERBENZ AKTIENGESELLSCHAFT | 68 1/2 | 2,740.00 | 2.2% | 0 | 0.00% | |
| 60 | DEERE & CO | 40 1/2 | 2,430.00 | 2.0% | 48 | 1.97% | Next Dividend Payable 02/03/97 |
| 45 | DEUTSCHE BANK AG SP ADR | 46 5/8 | 2,098.12 | 1.7% | 37 | 1.79% | Next Dividend Payable 06/97 |
| 49 | DU PONT EI DE NEMOURS & CO | 94 1/8 | 4,612.12 | 3.7% | 111 | 2.42% | Next Dividend Payable 03/97 |
| 82 | ELF AQUITAINE SPON ADR | 45 1/4 | 3,710.50 | 3.0% | 87 | 2.36% | Next Dividend Payable 07/97 |
| 55 | EMPRESA NATL DE EL SA ADR | 70 | 3,850.00 | 3.1% | 64 | 1.66% | Next Dividend Payable 01/27/97 |
| 50 | ENI SPA AMER DEP RCPT | 51 5/8 | 2,581.25 | 2.1% | 47 | 1.83% | |
| 390 | GEN ELEC PLC ADR | 6 1/2 | 2,535.00 | 2.0% | 74 | 2.95% | Next Dividend Payable 04/11/97 |
| 30 | GENERAL ELECTRIC CO | 98 7/8 | 2,966.25 | 2.4% | 62 | 2.10% | Next Dividend Payable 01/27/97 |
| 75 | GRAND MET PLC LTD SPNSR ADR | 31 5/8 | 2,371.87 | 1.9% | 81 | 3.41% | Next Dividend Payable 04/97 |
| 5 | HEINEKEN NV ADR | 176 3/4 | 883.75 | 0.7% | 7 | .89% | Next Dividend Payable 04/97 |
| 95 | HOECHST AG ADR NEW | 47 1/8 | 4,476.87 | 3.6% | 58 | 1.30% | Next Dividend Payable 06/97 |
| 55 | HONDA MOTOR COMPANY LTD ADR | 56 5/8 | 3,114.37 | 2.5% | 11 | .37% | Next Dividend Payable 05/97 |
| 10 | HSBC HLDG PLC SPND ADR NEW | 213 7/8 | 2,138.75 | 1.7% | 62 | 2.91% | Next Dividend Payable 04/97 |
| 20 | INTL BUSINESS MACHINES CORP | 151 1/2 | 3,030.00 | 2.4% | 28 | .92% | Next Dividend Payable 03/97 |
| 25 | LOCKHEED MARTIN CORP | 91 1/2 | 2,287.50 | 1.8% | 40 | 1.74% | Next Dividend Payable 03/97 |
| 7 | MANNESMANN AG SP ADR | 432 3/4 | 3,029.25 | 2.4% | 26 | .88% | Next Dividend Payable 07/97 |
| 11 | MATSUSHITA EL INDL ADR | 163 1/4 | 1,795.75 | 1.4% | 10 | .58% | Next Dividend Payable 05/97 |
| 25 | MITSUI MARINE&FIRE INS LTD ADR | 53 5/8 | 1,340.62 | 1.1% | 13 | 1.04% | Next Dividend Payable 05/97 |
| 10 | MOBIL CORP DELAWARE | 122 1/4 | 1,222.50 | 1.0% | 40 | 3.27% | Next Dividend Payable 03/97 |
| 72 | NATIONAL POWER PLC ADS | 33 7/8 | 2,439.00 | 2.0% | 113 | 4.66% | Next Dividend Payable 01/27/97 |
| 60 | NESTLE SPON ADR REP REG SHR | 53 1/2 | 3,210.00 | 2.6% | 53 | 1.67% | Next Dividend Payable 06/97 |
| 70 | NKK CORP ADR | 22 3/8 | 1,566.25 | 1.3% | 26 | 1.70% | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number AE
842 113487 022

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | | Additional Information |
|---|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | | |
| 37 | NOVARTIS AG ADR | 57 | 2,109.00 | 1.7% | 19 | .90% | | |
| 49 | PHILIP MORRIS CO INC | 113 | 5,537.00 | 4.5% | 235 | 4.24% | ..... | Next Dividend Payable 01/10/97 |
| 130 | RHONE-POULENC AMER DEPOSIT SHS | 33 7/8 | 4,403.75 | 3.5% | 56 | 1.28% | ..... | Next Dividend Payable 07/97 |
| 40 | RICOH LTD ADR | 57 1/4 | 2,290.00 | 1.8% | 15 | .67% | ..... | Next Dividend Payable 05/97 |
| 17 | ROYAL DUTCH PETE NY RG 5 GLDR | 170 3/4 | 2,902.75 | 2.3% | 90 | 3.10% | ..... | Next Dividend Payable 04/97 |
| 46 | SEARS ROEBUCK & CO | 46 | 2,070.00 | 1.7% | 41 | 2.00% | ..... | Next Dividend Payable 01/02/97 |
| 58 | SONY CORP ADR 1974 NEW | 65 5/8 | 3,806.25 | 3.1% | 22 | .57% | ..... | Next Dividend Payable 05/97 |
| 100 | TRAVELERS GROUP INC | 45 3/8 | 4,537.50 | 3.7% | 45 | .99% | ..... | Next Dividend Payable 02/97 |
| 25 | UNILEVER PLC AMER SHARES | 97 1/2 | 2,437.50 | 2.0% | 54 | 2.21% | ..... | Next Dividend Payable 06/97 |
| 20 | YASUDA TR & BKG LTD ADR | 42 1/4 | 845.00 | 0.7% | 7 | .84% | ..... | Next Dividend Payable 05/97 |
| | ***Total Common Stocks*** | | 116,902.46 | 94.3% | 2,354 | 2.01% | | |
| **Preferred Stocks** | | | | | | | | |
| 168 | FIAT SPA PFD AM DEP SH | 8 | 1,344.00 | 1.1% | 37 | 2.77% | ..... | Next Dividend Payable 08/97 |
| ***Total Stocks/Options*** | | | $118,246.46 | 95.4% | $2,392 | 2.02% | | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| ***Total Asset Value*** | 124,160.39 | $2,686 |

## 1996 ACTIVITY DETAILS

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 10-21 | Bought | 100 | ALCATEL ALSTHOM SPON ADR | 17.6250 | 1,762.50 | |
| | 01-30 | Bought | 285 | ALLIED DOMECQ PLC ADR SPON | 8.2300 | 2,345.55 | |
| | 03-27 | Sold | 20 | ALLIEDSIGNAL INC | 56 | 1,119.96 | |
| | 05-02 | Sold | 20 | ALLIEDSIGNAL INC | 58.6100 | 1,172.16 | |
| | 10-10 | Sold | 39 | ALLIEDSIGNAL INC | 65.9552 | 2,572.16 | |
| | 05-06 | Stock Dividend | 15 | AMERICAN HOME PRODUCTS | | | |
| | 05-20 | Sold | 30 | AMERICAN HOME PRODUCTS | 53.5840 | 1,607.46 | |
| | 10-15 | Bought | 40 | AMERITECH CORP | 55.9220 | 2,236.88 | |
| | 03-27 | Sold | 25 | ARCHER DANIELS MIDLAND | 18.3750 | 459.36 | |
| | 09-16 | Stock Dividend | 5 | ARCHER DANIELS MIDLAND | | | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number AE
642 113487 022

## Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 06-25 | Bought | 35 | RHONE-POULENC AMER DEPOSIT SHS | 25.5000 | 892.50 | |
| 01-17 | Bought | 40 | RICOH LTD ADR | 55.4500 | 2,218.00 | |
| 01-29 | Sold | 111 | ROYAL NEDLLOYD GROUP SPON ADR | 9.4100 | 1,044.51 | |
| 05-02 | Sold | 15 | SEARS ROEBUCK & CO | 50.1250 | 751.85 | |
| 05-07 | Stock Dividend | 20 | SIEMENS AG ADR NEW | | | |
| 06-20 | Sold | 20 | SIEMENS AG ADR NEW | 54.3900 | 1,087.80 | |
| 09-19 | Sold | 20 | SIEMENS AG ADR NEW | 51.4509 | 1,029.02 | |
| 03-15 | Bought | 25 | SONY CORP ADR 1974 NEW | 59 | 1,475.00 | |
| 01-31 | Stock Dividend | 64 | SOUTHERN ELCT PLC SP ADR FINAL | | | |
| 03-12 | Sold | 139 | SOUTHERN ELCT PLC SP ADR FINAL | 13.1320 | 1,825.35 | |
| 10-11 | Sold | 55 | TOYOTA MOTOR CP ADR NEW | 48.0642 | 2,643.53 | |
| 03-27 | Sold | 35 | TRAVELERS GROUP INC | 64.8750 | 2,270.55 | |
| 05-24 | Stock Dividend | 25 | TRAVELERS GROUP INC | | | |
| 11-22 | Stock Dividend | 25 | TRAVELERS GROUP INC | | | |
| 02-06 | Bought | 25 | UNILEVER PLC AMER SHARES | 83 | 2,075.00 | |
| 03-04 | Sold | 120 | VOLVO AB ADR B | 21.8750 | 2,625.00 | |
| 04-18 | Bought | 20 | YASUDA TR & BKG LTD ADR | 62.5000 | 1,250.00 | |

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 327.60 | Money Market Funds |
| Dividend | ALCATEL ALSTHOM SPON ADR | 28.39 | Stocks |
| Dividend | ALLIED DOMECQ PLC ADR SPON | 47.20 | Stocks |
| Dividend | ALLIEDSIGNAL INC | 35.31 | Stocks |
| Dividend | AMERICAN HOME PRODUCTS | 23.10 | Stocks |
| Dividend | ARCHER DANIELS MIDLAND | 24.70 | Stocks |
| Dividend | ASTRA AB CL B ADS | 23.20 | Stocks |
| Dividend | AT&T CORPORATION | 47.52 | Stocks |
| Dividend | BANCO CENTRAL HISPANOAMER ADR | 48.96 | Stocks |
| Dividend | BANKAMERICA CORP | 81.00 | Stocks |
| Dividend | BAUSCH & LOMB INC | 13.78 | Stocks |
| Dividend | BRITISH GAS PLC ADR | 174.65 | Stocks |
| Dividend | CADBURY SCHW PLC ADR 10 ORD NW | 82.93 | Stocks |
| Dividend | CHASE MANHATTAN CORP NEW | 26.22 | Stocks |
| Dividend | CHEMICAL BANKING CORP | 38.00 | Stocks |
| Dividend | CIBA GEIGY AG SPON ADR | 28.16 | Stocks |
| Dividend | COMPAGNIE GENERALE DE EAUX ADR | 32.84 | Stocks |
| Dividend | DEERE & CO | 36.00 | Stocks |
| Dividend | DU PONT EI DE NEMOURS & CO | 109.27 | Stocks |
| Dividend | ELF AQUITAINE SPON ADR | 55.61 | Stocks |
| Dividend | EMPRESA NATL DE EL SA ADR | 37.81 | Stocks |
| Dividend | FIAT SPA PREF AM DEP SH | 37.31 | Stocks |
| Dividend | GEN ELEC PLC ADR | 66.99 | Stocks |
| Dividend | GENERAL ELECTRIC CO | 27.60 | Stocks |
| Dividend | HEINEKEN NV ADR | 21.74 | Stocks |
| Dividend | HOECHST AG ADR NEW | 77.75 | Stocks |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number 842 113487 AE 022

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | HONDA MOTOR COMPANY LTD ADR | 15.77 | Stocks |
| Dividend | HSBC HLDG PLC SPND ADR NEW | 110.16 | Stocks |
| Dividend | ING GROEP NV ADR | 44.44 | Stocks |
| Dividend | INTL BUSINESS MACHINES CORP | 14.00 | Stocks |
| Dividend | KERR MCGEE CORP | 49.20 | Stocks |
| Dividend | LOCKHEED MARTIN CORP | 52.00 | Stocks |
| Dividend | MANNESMANN AG SP ADR | 26.84 | Stocks |
| Dividend | MATSUSHITA EL INDL ADR | 12.30 | Stocks |
| Dividend | MOBIL CORP DELAWARE | 39.25 | Stocks |
| Dividend | NATIONAL POWER PLC ADS | 30.04 | Stocks |
| Dividend | NESTLE SPON ADR REP REG $HR | 42.15 | Stocks |
| Dividend | PHILIP MORRIS CO INC | 205.80 | Stocks |
| Dividend | RHONE-POULENC AMER DEPOSIT SHS | 46.60 | Stocks |
| Dividend | RICOH LTD ADR | 19.63 | Stocks |
| Dividend | ROYAL DUTCH PETE NY RG 5 GLDR | 98.53 | Stocks |
| Dividend | SEARS ROEBUCK & CO | 48.30 | Stocks |
| Dividend | SIEMENS AG ADR NEW | 34.29 | Stocks |
| Dividend | SONY CORP ADR 1974 NEW | 25.92 | Stocks |
| Dividend | SOUTHERN ELCT PLC SP ADR FINAL | 841.77 | Stocks |
| Dividend | TOYOTA MOTOR CP ADR NEW | 17.34 | Stocks |
| Dividend | TRAVELERS GROUP INC | 52.87 | Stocks |
| Dividend | UNILEVER PLC AMER SHARES | 63.56 | Stocks |
| Dividend | YASUDA TR & BKG LTD ADR | 4.14 | Stocks |
| | Sub Total Stocks | $2,818.94 | |
| | **Total Income** | **$3,144.54** | |

## Withdrawal

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 03-27 | Transfer | FUNDS TRANSFERRED | 10,000.00 | PER LETTER OF AUTHORIZATION TO 642-115916-0 |
| | | **Total Withdrawals** | **$10,000.00** | |

## Other

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 01-18 | Journal Out | ACCESS 1Q96 FEE LZD | -775.88 | |
| 01-31 | Stock Dividend | SOUTHERN ELCT PLC SP ADR FINAL | 6.35 | CASH IN LIEU FRACTIONAL SHARE |
| 04-18 | Journal Out | ACCESS 2Q96 FEE LZD | -756.41 | |
| 07-02 | Distribution | DAIMLERBENZ AKTIENGESELLSCHAFT | 0.57 | |
| 07-17 | Journal Out | ACCESS 3Q96 FEE LZD | -770.97 | |
| 09-16 | Stock Dividend | ARCHER DANIELS MIDLAND | 14.70 | CASH IN LIEU FRACTIONAL SHARE |
| 09-30 | Stock Dividend | LUCENT TECHNOLOGIES | 28.99 | CASH IN LIEU FRACTIONAL SHARE |

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DEAN WITTER REYNOLDS INC.

Access

## * * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-113487 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

LAZARD FRERES ASSET MANAGEMENT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 13 | KYOCERA CP ADR | 9-20-95 | 158.13 | 2,055.63 | 2-22-96 | 133.12 | 1,730.57 | (325.06) |
| 105 | NEWS CP LTD PRF SPON ADR | 3-22-95 | 17.25 | 1,811.25 | 2-23-96 | 19.44 | 2,041.55 | 230.30 |
| 0 | SOUTHERN ELCT PLC SP ADR FINAL | 2-23-96 | .00 | .00 | 2-23-96 | .00 | 6.35 | 6.35 |
| 25 | ARCHER DANIELS MIDLAND | 8-08-95 | 16.01 | 400.14 | 3-22-96 | 18.37 | 459.36 | 59.22 |
| 20 | CIBA GEIGY AG SPON ADR | 6-07-95 | 36.88 | 737.50 | 3-22-96 | 62.25 | 1,245.00 | 507.50 |
| 30 | GEN ELEC PLC ADR | 1-31-96 | 5.59 | 167.58 | 3-22-96 | 5.63 | 168.75 | 1.17 |
| 15 | LOCKHEED MARTIN CORP | 3-30-95 | 52.20 | 782.94 | 3-22-96 | 77.87 | 1,168.09 | 385.15 |
| 100 | ING GROEP NV ADR | 9-15-95 | 22.48 | 2,248.24 | 6-27-96 | 29.97 | 2,996.60 | 748.36 |
| 25 | BANKAMERICA CORP | 11-29-95 | 64.13 | 1,603.13 | 8-02-96 | 84.62 | 2,115.55 | 512.42 |
| 0 | ARCHER DANIELS MIDLAND | 9-24-96 | .00 | .00 | 9-24-96 | .00 | 14.70 | 14.70 |
| 0 | LUCENT TECHNOLOGIES | 10-11-96 | .00 | .00 | 10-11-96 | .00 | 28.99 | 28.99 |
| 0 | NOVARTIS AG ADR | 12-24-96 | .00 | .00 | 12-24-96 | .00 | 18.54 | 18.54 |
| | TOTAL SHORT TERM GAINS | | | | | | | 2,512.70 |
| | TOTAL SHORT TERM LOSSES | | | | | | | (325.06) |
| | SUBTOTAL SHORT TERM | | | 9,806.41 | | | 11,994.05 | 2,187.64 |
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 71 | ROYAL NEDLLOYD GROUP SPON ADR | 9-09-93 | 13.00 | 923.00 | 1-24-96 | 9.41 | 668.11 | (254.89) |
| 5 | ROYAL NEDLLOYD GROUP SPON ADR | 9-16-93 | 12.25 | 61.25 | 1-24-96 | 9.41 | 47.05 | (14.20) |
| 5 | ROYAL NEDLLOYD GROUP SPON ADR | 9-20-93 | 12.38 | 61.88 | 1-24-96 | 9.41 | 47.05 | (14.83) |
| 30 | ROYAL NEDLLOYD GROUP SPON ADR | 10-27-93 | 13.25 | 397.50 | 1-26-96 | 9.41 | 282.30 | (115.20) |
| 27 | NEXUS TEL WT A 12 31 96 | 9-22-94 | 82.10 | 2,216.70 | 2-15-96 | 74.92 | 2,022.76 | (193.94) |
| 24 | VOLVO AB ADR B | 2-01-94 | 85.88 | 2,061.00 | 2-28-96 | 21.88 | 525.00 | (1,536.00) |
| 96 | VOLVO AB ADR B | 8-16-94 | .00 | .00 | 2-28-96 | 21.88 | 2,100.00 | 2,100.00 |
| 19 | HITACHI 10 COM NEW ADR | 1-11-94 | 75.08 | 1,426.46 | 2-29-96 | 99.50 | 1,890.41 | 463.95 |

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DW-1658 (05-93) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 3111

DEAN WITTER REYNOLDS INC.

Access

## * * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES 642-113487 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

LAZARD FRERES ASSET MANAGEMENT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 139 | SOUTHERN ELCT PLC SP ADR FINAL | 1-19-95 | 13.02 | 1,809.38 | 3-07-96 | 13.13 | 1,825.35 | 15.97 |
| 20 | ALLIEDSIGNAL INC | 9-09-93 | 36.12 | 722.50 | 3-22-96 | 56.00 | 1,119.96 | 397.46 |
| 30 | CHASE MANHATTAN CORP NEW | 9-09-93 | 41.12 | 1,233.75 | 3-22-96 | 71.37 | 2,141.17 | 907.42 |
| 15 | NESTLE SPON ADR REP REG SHR | 3-08-95 | 49.88 | 748.13 | 3-22-96 | 56.13 | 841.88 | 93.75 |
| 35 | TRAVELERS GROUP INC | 1-03-95 | 32.88 | 1,150.63 | 3-22-96 | 64.87 | 2,270.55 | 1,119.92 |
| 17 | CHASE MANHATTAN CORP NEW | 9-09-93 | 41.12 | 699.12 | 4-10-96 | 69.30 | 1,178.06 | 478.94 |
| 25 | CHASE MANHATTAN CORP NEW | 10-27-93 | 41.00 | 1,025.00 | 4-10-96 | 69.30 | 1,732.44 | 707.44 |
| 4 | CHASE MANHATTAN CORP NEW | 4-07-94 | 36.63 | 146.50 | 4-10-96 | 69.30 | 277.19 | 130.69 |
| 30 | ASTRA AB CL B ADS | 12-07-94 | 25.72 | 771.54 | 4-15-96 | 42.75 | 1,282.50 | 510.96 |
| 120 | REPOLA CP SPON ADR NEW | 8-09-94 | 19.50 | 2,340.00 | 4-16-96 | 19.82 | 2,378.76 | 38.76 |
| 20 | ALLIEDSIGNAL INC | 9-09-93 | 36.12 | 722.50 | 4-29-96 | 58.61 | 1,172.16 | 449.66 |
| 15 | SEARS ROEBUCK & CO | 1-03-95 | 25.22 | 378.36 | 4-29-96 | 50.12 | 751.85 | 373.49 |
| 32 | KERR MCGEE CORP | 9-09-93 | 54.13 | 1,732.00 | 5-03-96 | 61.65 | 1,972.67 | 240.67 |
| 4 | KERR MCGEE CORP | 9-20-93 | 51.75 | 207.00 | 5-03-96 | 61.65 | 246.58 | 39.58 |
| 20 | KERR MCGEE CORP | 10-27-93 | 50.50 | 1,010.00 | 5-03-96 | 61.65 | 1,232.92 | 222.92 |
| 4 | KERR MCGEE CORP | 4-07-94 | 44.00 | 176.00 | 5-03-96 | 61.65 | 246.58 | 70.58 |
| 15 | LOCKHEED MARTIN CORP | 3-30-95 | 52.20 | 782.94 | 5-10-96 | 80.72 | 1,210.83 | 427.89 |
| 30 | AMERICAN HOME PRODUCTS | 1-20-95 | 33.00 | 990.00 | 5-15-96 | 53.58 | 1,607.46 | 617.46 |
| 20 | SIEMENS AG ADR NEW | 5-12-95 | 47.77 | 955.41 | 6-17-96 | 54.39 | 1,087.80 | 132.39 |
| 13 | HEINEKEN NV ADR | 11-15-94 | 119.33 | 1,551.22 | 8-07-96 | 219.83 | 2,857.73 | 1,306.51 |
| 20 | SIEMENS AG ADR NEW | 5-12-95 | 47.77 | 955.41 | 9-16-96 | 51.45 | 1,029.02 | 73.61 |
| 11 | ALLIEDSIGNAL INC | 9-09-93 | 36.12 | 397.37 | 10-07-96 | 65.95 | 725.48 | 328.11 |
| 2 | ALLIEDSIGNAL INC | 9-20-93 | 36.82 | 73.63 | 10-07-96 | 65.95 | 131.91 | 58.28 |
| 26 | ALLIEDSIGNAL INC | 10-27-93 | 36.00 | 936.00 | 10-07-96 | 65.95 | 1,714.77 | 778.77 |
| 55 | TOYOTA MOTOR CP ADR NEW | 8-11-95 | 39.38 | 2,165.63 | 10-08-96 | 48.06 | 2,643.53 | 477.90 |
| 11 | LUCENT TECHNOLOGIES | 12-01-94 | 44.89 | 493.74 | 10-09-96 | 46.62 | 512.86 | 19.12 |

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DWR-IS(CG) (R5-92) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 8111

DEAN WITTER REYNOLDS INC.

Access

* * CAPITAL GAINS SCHEDULE * *

INVESTMENT CONSULTING SERVICES . 642-113487 NICK JOE RAHALL II 1-01-96 THRU 12-31-96

LAZARD FRERES ASSET MANAGEMENT MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 36 | AT&T CORPORATION | 12-01-94 | 35.29 | 1,270.26 | 10-24-96 | 36.79 | 1,324.34 | 54.08 |
| 5 | HSBC HLDG PLC SPND ADR NEW | 9-15-95 | 144.27 | 721.37 | 10-31-96 | 202.50 | 1,012.50 | 291.13 |
| | TOTAL LONG TERM GAINS | | | | | | | 12,927.41 |
| | TOTAL LONG TERM LOSSES | | | | | | | (2,129.06) |
| | SUBTOTAL LONG TERM | | | 33,313.18 | | | 44,111.53 | 10,798.35 |
| | TOTAL ACCOUNT GAIN/LOSS | | | 43,119.59 | | | 56,105.58 | 12,985.99 |

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DWR-INCOS-185-02) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change. 8111

DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1850 K STREET, N.W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 122048 022

AAA Customer Service
1-800-869-DEAN

THE HONORABLE NICK JOE RAHALL II
ACESS #3 - EAGLE ASSET MGMT.
1301 DELAWARE AVENUE SW
APT #409N
WASHINGTON DC 20024 3913

## Asset Summary (Year End)

| | Value | Percent of assets |
|---|---|---|
| Money Market Funds | $9,632.19 | 6.8% |
| Stocks/Options | 131,762.50 | 93.2 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 0.00 | 0.0 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $141,394.69 | 100.0% |
| Cash | 0.00 | |
| **Total Asset Value** | $141,394.69 | |

## Income Summary for 1996

| | |
|---|---|
| Money Market Funds | $305.43 |
| Stocks | 222.00 |
| Municipal Bonds | 0.00 |
| Corporate Fixed Income | 0.00 |
| Government Securities | 0.00 |
| Mutual Funds | 0.00 |
| Unit Investment Trusts | 0.00 |
| Certificates of Deposit | 0.00 |
| Other | 0.00 |
| **Total Income** | $527.43 |
| Taxable Income | $527.43 |
| Tax Exempt Income | $0.00 |

## Activity Summary for 1996

| | |
|---|---|
| **Total Asset Value as of January 1 1996** | $106,445.06 |

Summary of Activity Categories for 1996

| | |
|---|---|
| Income | $527.43 |
| Deposits | 0.00 |
| Assets Sold | 49,880.34 |
| Other | -3,203.14 |
| Checking | 0.00 |
| Visa | 0.00 |
| Withdrawals | -10,000.00 |
| Assets Bought | -50,450.00 |

Changes in Asset Value for 1996

| | |
|---|---|
| Value of Priced Assets as of 1/1/96 | $83,487.50 |
| Assets Bought | 50,450.00 |
| Assets Received | 0.00 |
| Assets Sold | -49,880.34 |
| Assets Delivered | 0.00 |
| Change in Value of Priced Assets | 47,755.34 |
| Value of Priced Assets as of 12/31/96 | 131,762.50 |
| **Net Change in Asset Value** | 48,275.00 |
| **Total Asset Value as of December 31 1996** | $141,394.69 |

*The Active Assets Account provides up to $50 million in securities protection; $500,000 in coverage through the Securities Investor Protection Corp., and $49.5 million through independent third party coverage purchased by Dean Witter*

DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



THE HONORABLE NICK JOE RAHALL II
ACESS #3 - EAGLE ASSET MGMT.

Account Number AE
642 122048 022

## YEAR END ASSETS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| ACTIVE ASSETS MONEY TRUST | 9,632.19 | 6.8% | 487 |
| ***Total Cash and Money Market Funds*** | **$9,632.19** | **6.8%** | **$487** |

**Annualized 30 Day Yields**

| | |
|---|---|
| Active Assets Money Trust | 5.06% |
| Active Assets Govt. Sec. Tr. | 4.78% |
| Active Assets California Tax Free | 2.84% |
| Active Assets Tax Free Trust | 3.06% |
| Dean Witter Insured Account | 4.69% |
| Active Assets Deposit Account | 4.69% |

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Additional Information |
|---|---|---|---|---|---|---|---|
| ***Common Stocks*** | | | | | | | |
| 900 | AMPEX INC CL A | 9 3/8 | 8,437.50 | 6.0% | 0 | 0.00% | |
| 625 | BANK PLUS CORP. | 11 1/2 | 7,187.50 | 5.1% | 0 | 0.00% | |
| 200 | CAPSTAR HOTEL CO | 19 5/8 | 3,925.00 | 2.8% | 0 | 0.00% | |
| 400 | CASH AMER INTERNATIONAL INC | 8 1/2 | 3,400.00 | 2.4% | 20 | .58% | ..... Next Dividend Payable 02/97 |
| 300 | COMPUTATIONAL SYSTEMS INC | 19 1/4 | 5,775.00 | 4.1% | 0 | 0.00% | |
| 400 | COMPUTER PRODUCTS INC | 19 1/2 | 7,800.00 | 5.5% | 0 | 0.00% | |
| 1,800 | ENVIROSOURCE INC | 2 5/8 | 4,725.00 | 3.3% | 0 | 0.00% | |
| 1,400 | GENESCO INC | 9 1/4 | 12,950.00 | 9.2% | 0 | 0.00% | |
| 100 | HOUGHTON MIFFLIN CO | 56 5/8 | 5,662.50 | 4.0% | 96 | 1.69% | ..... Next Dividend Payable 02/97 |
| 200 | IMCO RECYCLING | 14 5/8 | 2,925.00 | 2.1% | 40 | 1.36% | ..... Next Dividend Payable 03/97 |
| 200 | INTERIM SVCS INC | 35 1/2 | 7,100.00 | 5.0% | 0 | 0.00% | |
| 200 | LEGG MASON INC | 38 1/2 | 7,700.00 | 5.4% | 104 | 1.35% | ..... Next Dividend Payable 01/13/97 |
| 200 | LENNAR CORPORATION | 27 1/4 | 5,450.00 | 3.9% | 20 | .36% | ..... Next Dividend Payable 02/97 |
| 1,000 | MARINE DRILLING COS INC NEW | 19 5/8 | 19,625.00 | 13.9% | 0 | 0.00% | |
| 700 | NATL EDUCATION CORP | 15 1/4 | 10,675.00 | 7.5% | 0 | 0.00% | |
| 100 | PROTEIN DESIGN LABS | 36 1/2 | 3,650.00 | 2.6% | 0 | 0.00% | |
| 600 | SODAK GAMING INC | 15 3/8 | 9,225.00 | 6.5% | 0 | 0.00% | |
| 300 | VERITAS DGC INC | 18 1/2 | 5,550.00 | 3.9% | 0 | 0.00% | |
| ***Total Stocks/Options*** | | | **$131,762.50** | **93.2%** | **$280** | **.21%** | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| ***Total Asset Value*** | 141,394.69 | $767 |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



THE HONORABLE NICK JOE RAHALL II
ACESS #3 - EAGLE ASSET MGMT.

Account Number AE
642 122048 022

## 1996 ACTIVITY DETAILS

**Assets**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 02-12 | Sold | 400 | A PLUS NETWORK INC | 11 1/2 | 4,600.00 | |
| 08-09 | Bought | 200 | ALTERNATIVE LIVING SERVICES | 13 1/8 | 2,625.00 | |
| 11-18 | Sold | 200 | ALTERNATIVE LIVING SERVICES | 12 | 2,399.92 | |
| 05-13 | Sold | 600 | AMPEX INC CL A | 10 | 5,999.80 | |
| 03-26 | Sold | 500 | AMTRAN INC | 11 3/4 | 5,875.00 | |
| 02-02 | Bought | 300 | BOCA RESEARCH INC | 18.5000 | 5,550.00 | ICS |
| 07-26 | Sold | 300 | BOCA RESEARCH INC | 14.5000 | 4,350.00 | |
| 12-16 | Sold | 200 | CAMCO INTERNATIONAL INC | 39 1/2 | 7,899.73 | |
| 09-18 | Bought | 200 | CAPSTAR HOTEL CO | 17 7/8 | 3,575.00 | |
| 11-19 | Bought | 400 | CASH AMER INTERNATIONAL INC | 7 1/8 | 2,850.00 | |
| 02-06 | Sold | 500 | COMMUNITY PSYCHIATRIC CENTERS | 10 5/8 | 5,312.32 | |
| 02-16 | Bought | 400 | COMPUTER PRODUCTS INC | 11.5000 | 4,600.00 | |
| 08-15 | Bought | 300 | DIGICON INC NEW | 12 1/4 | 3,675.00 | |
| 09-06 | Tender | 300 | DIGICON INC NEW | | | EXCHANGE |
| 02-16 | Received | 625 | FIDELITY FED BK (CA) NEW | | | EXCHANGE |
| 02-16 | Tender | 2,500 | FIDELITY FED BK FSB CL A OLD | | | EXCHANGE |
| 04-30 | Bought | 100 | HOUGHTON MIFFLIN CO | 44 3/4 | 4,475.00 | |
| 05-21 | Bought | 200 | LEGG MASON INC | 33 3/8 | 6,675.00 | |
| 01-18 | Bought | 200 | LENNAR CORPORATION | 24 7/8 | 4,975.00 | |
| 06-13 | Bought | 100 | PROTEIN DESIGN LABS | 27 3/8 | 2,737.50 | ICS |
| 01-11 | Bought | 300 | RG BARRY CP OHIO | 17 7/8 | 5,362.50 | |
| 06-17 | Stock Dividend | 75 | RG BARRY CP OHIO | | | |
| 09-12 | Sold | 375 | RG BARRY CP OHIO | 13 3/4 | 5,156.07 | |
| 02-26 | Bought | 100 | SCIENTIFIC GAMES HOLDING CORP | 33.5000 | 3,350.00 | AC CHG/SPLT REF 052E9299 CHNG |
| 06-11 | Sold | 100 | SCIENTIFIC GAMES HOLDING CORP | 33 | 3,300.00 | |
| 09-27 | Stock Dividend | 300 | SODAK GAMING INC | | | |
| 05-01 | Sold | 600 | UNR IND INC | 8 5/16 | 4,987.50 | ICS |
| 09-06 | Received | 300 | VERITAS DGC INC | | | EXCHANGE |

**Income**

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 305.43 | Money Market Funds |
| Dividend | CAMCO INTERNATIONAL INC | 40.00 | Stocks |
| Dividend | HOUGHTON MIFFLIN CO | 72.00 | Stocks |
| Dividend | IMCO RECYCLING | 40.00 | Stocks |
| Dividend | LEGG MASON INC | 50.00 | Stocks |
| Dividend | LENNAR CORPORATION | 20.00 | Stocks |
| | Sub Total Stocks | $222.00 | |
| | **Total Income** | $527.43 | |

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DEAN WITTER REYNOLDS INC.

* * CAPITAL GAINS SCHEDULE * *

VISION

INVESTMENT CONSULTING SERVICES 642-12204B THE HONORABLE NICK JOE RAHALL 1-01-96 THRU 12-31-96

EAGLE ASSET MANAGEMENT, INC. MR PEAR/MR HANDO 022

| Quantity | Security Description | PURCHASE INFORMATION Date | Per Unit | Total Cost | SALE INFORMATION Date | Per Unit | Proceeds | Realized Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| SHORT TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 500 | TRANSITIONAL HOSPITALS CP | 10-31-95 | 11.00 | 5,500.00 | 2-01-96 | 10.62 | 5,312.32 | (187.68) |
| 400 | A PLUS NETWORK INC | 10-18-95 | 14.50 | 5,800.00 | 2-07-96 | 11.50 | 4,600.00 | (1,200.00) |
| 500 | AMTRAN INC | 10-27-95 | 11.00 | 5,500.00 | 3-21-96 | 11.75 | 5,875.00 | 375.00 |
| 600 | UNR IND INC | 10-27-95 | 8.50 | 5,100.00 | 4-26-96 | 8.31 | 4,987.50 | (112.50) |
| 600 | AMPEX INC CL A | 10-18-95 | 3.56 | 2,137.50 | 5-08-96 | 10.00 | 5,999.80 | 3,862.30 |
| 100 | SCIENTIFIC GAMES HOLDING CORP | 2-21-96 | 33.50 | 3,350.00 | 6-06-96 | 33.00 | 3,300.00 | (50.00) |
| 300 | BOCA RESEARCH INC | 1-30-96 | 18.50 | 5,550.00 | 7-23-96 | 14.50 | 4,350.00 | (1,200.00) |
| 375 | RG BARRY CP OHIO | 1-08-96 | 14.50 | 5,362.50 | 9-09-96 | 13.75 | 5,156.07 | (206.43) |
| 200 | ALTERNATIVE LIVING SERVICES | 8-06-96 | 13.13 | 2,625.00 | 11-13-96 | 12.00 | 2,399.92 | (225.08) |
| | TOTAL SHORT TERM GAINS | | | | | | | 4,237.30 |
| | TOTAL SHORT TERM LOSSES | | | | | | | (3,181.69) |
| | SUBTOTAL SHORT TERM | | | 40,925.00 | | | 41,980.61 | 1,055.61 |
| LONG TERM GAIN/LOSS TRANSACTIONS | | | | | | | | |
| 200 | CAMCO INTERNATIONAL INC | 11-15-95 | 21.50 | 4,300.00 | 12-11-96 | 39.50 | 7,899.73 | 3,599.73 |
| | TOTAL LONG TERM GAINS | | | | | | | 3,599.73 |
| | TOTAL LONG TERM LOSSES | | | | | | | .00 |
| | SUBTOTAL LONG TERM | | | 4,300.00 | | | 7,899.73 | 3,599.73 |
| | TOTAL ACCOUNT GAIN/LOSS | | | 45,225.00 | | | 49,880.34 | 4,655.34 |

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DWR (SCHA-10R-92) Information contained herein is based on data obtained from recognized statistical services, issuer reports or communications, or other sources believed to be reliable. 8111
However, we cannot make any representation as to its accuracy or completeness. Any statements non-factual in nature constitute only current opinions, which are subject to change.

DEAN WITTER REYNOLDS INC.

# RETIREMENT ACCOUNT

**FOR MONTH ENDING DECEMBER 31, 1996**



Your Account Executive
TIMOTHY HANDO
ASSOCIATE VICE PRESIDENT - INVESTMENTS
DEAN WITTER REYNOLDS INC
1850 K STREET, N W , SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 115917 145

Date of Birth
May 20, 1949

IRA Standard
Dated 03/22/94

NICK JOE RAHALL II
1301 DELAWARE AVENUE SW #409N
WASHINGTON DC 20024 3913

## Asset Summary

| | Value | Percent of assets |
|---|---|---|
| Money Market Funds | $2,831.35 | 10.2% |
| Stocks/Options | 0.00 | 0.0 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 24,661.50 | 89.8 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $27,492.85 | 100.0% |
| Cash | 0.00 | |
| Total Asset Value | $27,492.85 | |

## Income Summary

| | This Month | Year To Date |
|---|---|---|
| Money Market Funds | $12.18 | $45.05 |
| Stocks | 0.00 | 0.00 |
| Municipal Bonds | 0.00 | 0.00 |
| Corporate Fixed Income | 0.00 | 0.00 |
| Government Securities | 0.00 | 0.00 |
| Mutual Funds | 104.58 | 312.18 |
| Unit Investment Trusts | 0.00 | 0.00 |
| Certificates of Deposit | 0.00 | 0.00 |
| Other | 0.00 | 244.24 |
| Total Income | $116.76 | $601.47 |

## Activity Summary

| | | |
|---|---|---|
| **Total Asset Value as of October 31 1996** | | $26,490.71 |
| Cash/Money Market Activity | | |
| Closing Balance as of 10/31 | $2,808.15 | |
| Income | 127.78 | |
| Deposits | 0.00 | |
| Assets Sold | 0.00 | |
| Other | 525.10 | |
| Withdrawals | 0.00 | |
| Assets Bought | -629.76 | |
| Closing Balance as of 12/31 | 2,831.35 | |
| **Net Change Cash/Money Market Activity** | | 23.20 |
| Changes in Asset Value | | |
| Value of Priced Assets as of 10/31 | $23,682.56 | |
| Assets Bought | 629.76 | |
| Assets Received | 0.00 | |
| Assets Sold | 0.00 | |
| Assets Delivered | 0.00 | |
| Change in Value of Priced Assets | 349.18 | |
| Value of Priced Assets as of 12/31 | 24,661.50 | |
| **Net Change In Asset Value** | | 978.94 |
| **Total Asset Value as of December 31 1996** | | $27,492.85 |

*Please see page 4 for your Account's Retirement Recap*

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DEAN WITTER REYNOLDS INC.

# RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1996



NICK JOE RAHALL II
1301 DELAWARE AVENUE SW #409N

Account Number G42 115917 AE 145

## ASSET DETAILS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| DEAN WITTER LIQUID ASSET FUND | 2,831.35 | 10.2% | 140 |
| **Total Cash and Money Market Funds** | $2,831.35 | 10.2% | $140 |

| Annualized 30 Day Yields | |
|---|---|
| Dean Witter Liquid Asset Fund | 4.97% |
| Dean Witter US Govt Money Mkt | 4.39% |

| Mutual Funds | | Current Price | Value | Pct of Assets | Est Yrly Income | Distribution Rate | Fund Plan Number | Dividend Option | Cap Gains Option |
|---|---|---|---|---|---|---|---|---|---|
| **Dean Witter Mutual Funds** | | | | | | | | | |
| 360.667 | DEAN WITTER GLOBAL UTILITIES | 12.3700 | 4,461.45 | 16.3% | N/A | N/A | 069193847 | Reinv | Reinv |
| 291.125 | DEAN WITTER UTILITY FUND | 15.2200 | 4,430.89 | 16.1% | 168 | 3.81% | 069706097 | Reinv | Reinv |
| 206.213 | DEAN WITTER AMERICAN VALUE | 27.0100 | 5,569.81 | 20.3% | N/A | N/A | 066911866 | Reinv | Reinv |
| 119.995 | DEAN WITTER DIVIDEND GROWTH | 44.5700 | 5,348.17 | 19.5% | N/A | N/A | 069701214 | Reinv | Reinv |
| 309.782 | TCW/DW CORE EQUITY TRUST | 15.6600 | 4,851.18 | 17.6% | N/A | N/A | 069713999 | Reinv | Reinv |
| **Total Mutual Funds** | | | $24,661.50 | 89.8% | $168 | .68% | | | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| **Total Asset Value** | 27,492.85 | $309 |

## ACTIVITY DETAILS

Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 12-23 | L/T Capital Gain | 12.568 | TCW/DW CORE EQUITY TRUST | 15.7200 | 197.57 | TRANSACTION AT FUND COMPANY REINVESTMENT |
| 12-23 | Direct Purchase | .445 | DEAN WITTER GLOBAL UTILITIES | 12.1300 | 5.40 | DIVIDEND REINVESTMENT |
| 12-23 | L/T Capital Gain | 1.417 | DEAN WITTER UTILITY FUND | 15.0700 | 21.35 | TRANSACTION AT FUND COMPANY REINVESTMENT |
| 12-23 | Direct Purchase | 2.761 | DEAN WITTER UTILITY FUND | 15.0700 | 41.61 | DIVIDEND REINVESTMENT |
| 12-23 | L/T Capital Gain | 3.657 | DEAN WITTER AMERICAN VALUE | 27.1100 | 99.13 | TRANSACTION AT FUND COMPANY REINVESTMENT |
| 12-23 | S/T Capital Gain | 5.634 | DEAN WITTER AMERICAN VALUE | 27.1100 | 152.75 | TRANSACTION AT FUND COMPANY REINVESTMENT |
| 12-23 | L/T Capital Gain | 1.215 | DEAN WITTER DIVIDEND GROWTH | 44.7500 | 54.38 | TRANSACTION AT FUND COMPANY |

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DEAN WITTER REYNOLDS INC.

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1996



NICK JOE RAHALL II
1301 DELAWARE AVENUE SW #409N

Account Number 642 115917 AE 145

### Dean Witter Fund Summary

| | Ytd Dividends | Ytd Cap Gains | Ytd Taxes | Ytd Redemptions | Ytd Purchases | Features |
|---|---|---|---|---|---|---|
| Totals | $357.23 | $1,010.63 | $0.00 | $30.00 | $3,958.98 | |

For Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

DEAN WITTER LIQUID ASSET FUND
Following are the Fund's 30-day average annualized yields during the past quarter: October 4.99%, November 4.98% and December 4.97%

### Retirement Recap

| | 1996 | 1995 |
|---|---|---|
| Account Valuation | 27,492.85 | 26,137.09 |

# Client Statement

Through The Courtesy Of

**Securities Account**

D.H. Blair & Co., Inc.
44 Wall Street, New York, N.Y. 10005

For The Period. **October 1 - December 31, 1996** Account Number. **0XT-515316-FG** Page 1 of 1

## Total Account Net Worth

| | OPENING | CLOSING |
|---|---|---|
| PRICED SECURITIES VALUE | $21,064.70 | $16,486.00 |
| CASH BALANCE | $44.00 | $44.00 |
| TOTAL NET WORTH | $21,108.70 | $16,530.00 |

Your Federal ID Number: 236-78-8645

Your Account Executive: ANTHONY PALMER
D H BLAIR & CO INC
44 WALL ST
NEW YORK NY 10005

Telephone Number: 212-495-4000

NICK JOE RAHALL
1301 DELAWARE AVE SW APT 409N
WASHINGTON DC 20024-3913

## Income & Distributions

| | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| TOTAL INCOME | $.00 | $.00 |

## Portfolio Detail

| | QUANTITY | CURRENT PRICE | CURRENT VALUE | ESTIMATED ACCRUED INTEREST | ESTIMATED ANNUALIZED INCOME | CURRENT YIELD | COMMENTS |
|---|---|---|---|---|---|---|---|
| CONVERSION TECHNOLOGIES INTERNATIONAL INC | 2,400 | 2.500 | $6,000.00 | | | | |
| CONVERSION TECHNOLOGIES INTERNATIONAL INC WARRANTS CLA EXPIRES 05/15/2001 | 1,000 | 0.516 | $516.00 | | | | |
| CONVERSION TECHNOLOGIES INTERNATIONAL INC WARRANTS CLASS B EXPIRES 05/15/2001 | 1,000 | 0.125 | $125.00 | | | | |
| VIDEO UPDATE INC CLASS A | 2,500 | 3.938 | $9,845.00 | | | | |
| **PRICED SECURITIES VALUE** | | | **$16,486.00** | | | | |

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See reverse side for additional information

Wexford Clearing Services Corporation

2810-05

Millennium Securities Corp
110 East 59th Street, 6th Floor
New York, New York 10022

# DECEMBER 1996 STATEMENT

NICK RAHALL
1301 DELAWARE AVE SW
WASHINGTON DC 20024

Account Number
226P-6300-0012

Taxpayer ID
236-78-8645

Investment Executive
LEONARD SHARFMAN AA44
110 EAST 59TH ST 6TH FLOOR
NEW YORK NY 10022

Telephone: (212) 909-0530
FAX: (212) 909 0528
Toll Free: (800) 966-9080

## YOUR PORTFOLIO SUMMARY

| | Summary Value | Percent of Assets |
|---|---|---|
| Money Market | 0.00 | 0.0% |
| Stocks/Options | 0.00 | 0.0% |
| Municipal Bonds | 0.00 | 0.0% |
| Corporate Bonds | 0.00 | 0.0% |
| Government Bonds/Securities | 0.00 | 0.0% |
| Mutual Funds | 0.00 | 0.0% |
| Unit Trusts | 0.00 | 0.0% |
| Certificates of Deposit | 0.00 | 0.0% |
| Annuities/Insurance | 0.00 | 0.0% |
| Other | 0.00 | 0.0% |
| Cash | 74.47 | 100.0% |
| Estimated Asset Value | 74.47 | |

* Does not include unpriced securities

*Rauscher Pierce Refsnes provides additional insurance coverage for securities held in customer accounts. Ask your Investment Executive for details.*

## YOUR INCOME SUMMARY

| | This Period Taxable Income | This Period Tax Free Income | This Year Taxable Income | This Year Tax Free Income |
|---|---|---|---|---|
| Money Market | 0.00 | 0.00 | 0.00 | 0.00 |
| CIP Interest | 1.44 | 0.00 | 3.87 | 0.00 |
| Stocks | 0.00 | 0.00 | 0.00 | 0.00 |
| Municipal Bonds | 0.00 | 0.00 | 0.00 | 0.00 |
| Corporate Bonds | 0.00 | 0.00 | 0.00 | 0.00 |
| Government Bonds/Securities | 0.00 | 0.00 | 0.00 | 0.00 |
| Mutual Funds | 0.00 | 0.00 | 0.00 | 0.00 |
| Unit Trusts | 0.00 | 0.00 | 0.00 | 0.00 |
| Certificates of Deposit | 0.00 | 0.00 | 0.00 | 0.00 |
| Other | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Income | 1.44 | 0.00% | 3.87 | 0.00% |

*Trades are cleared and settled and accounts are carried by Regional Operations Group, Inc., an affiliate of RPR Correspondent Services, a division of Rauscher Pierce Refsnes, Inc., and a member of New York Stock Exchange and the Securites Investor Protection Corporation. A financial statement of this organization is available for your personal inspection at our offices or a copy of it will be mailed upon your written request. The securities and cash balances appearing on your statement are in the custody of Regional Operations Group, Inc. not your broker. If you have any questions regarding your statement or account, we suggest you contact your Investment Executive. You may contact Regional Operations Group, Inc. at (612) 371-2228.*

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*1100*

NICK RAHALL
1301 DELAWARE AVE SW
WASHINGTON DC 20024

| PAGE NUMBER |
|---|
| 2 |
| RECIPIENT'S ACCOUNT NUMBER |
| 226P-6300-0012 |
| RECIPIENT'S IDENTIFICATION NUMBER |
| 236-78-8645 |

## 1996 TRANSACTION DETAIL ANALYSIS

**********

1099-B ** REGIONAL OPERATIONS GROUP SALES, REDEMPTIONS **

**********

| TRADE DATE | QUANTITY | COMPANY | SECURITY IDENT # | NET PROCEEDS |
|---|---|---|---|---|
| 10/22/96 | 100 | GENERAL MOTORS CORP CL H | 370442501 | 5,502.31 |
| 10/21/96 | 2,000 | NATURAL HEALTH TRENDS | 63888P109 | 6,440.00 |
| | | | TOTAL | 11,942.31 |

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

The following information is provided for your use in preparing tax returns for this and subsequent years; it is not furnished to the IRS.

**********

** INTEREST CHARGED ON MARGIN ACCOUNT **

**********

12/31/96 MARGIN INTEREST FOR 1996 47.84

**********

** SECURITY PURCHASES **

**********

| TRADE DATE | QUANTITY | COMPANY | SECURITY IDENT # | AMOUNT |
|---|---|---|---|---|
| 09/12/96 | 100 | GENERAL MOTORS CORP | 370442501 | 5,560.00 |
| 10/11/96 | 2,000 | NATURAL HEALTH TRENDS | 63888P109 | 8,385.00 |
| | | | TOTAL | 13,945.00 |

**Hanifen, Imhoff Clearing Corp.**
1125 17th Street, Suite 1700
Denver, CO 80202

SIPC

MEMBER
NEW YORK STOCK EXCHANGE INC.
AMERICAN STOCK EXCHANGE INC. (ASSOCIATE)

** INTRODUCED BY **
DUKE & COMPANY INC
45 CROSSWAYS PARK DRIVE WEST
BUILDING #11
WOODBURY NY 11797

PAGE 1

NICK RAHALL
1301 DELAWARE AVE SW
WASHINGTON DC 20024-3929

| OFFICE | ACCT. |
|---|---|
| 77A | 7740 |

ACCOUNT NUMBER
68619825

TAX ID NUMBER
236-78-8845

ACCOUNT EXECUTIVE
MICHAEL STRAUS

| ENDING PERIOD | LAST STATEMENT |
|---|---|
| 12/31/96 | 9/27/96 |

-A01-

YOUR CASH ACCOUNT ACTIVITY

| EFFECTIVE DATE | ACTION | QUANTITY | DESCRIPTION | PRICE | AMOUNT | ACCUMULATED BALANCE |
|---|---|---|---|---|---|---|
| | | | OPENING BALANCE | | 7.50CR | 7.50CR |
| 12/11/96 | DISBURSEMENT | | DISBURSE SMALL CREDIT BALANCE CK #61325 | | 7.50CR | 0.00 |
| 12/13/96 | CASH DIV | | MCDONALDS CORPORATION ON 100 | | 7.50CR | 7.50CR |
| 12/17/96 | DISBURSEMENT | | DISBURSE SMALL CREDIT BALANCE CK #44240 | | 7.50CR | 0.00 |
| | | | CLOSING BALANCE | | 0.00 | 0.00 |

YOUR ENDING POSITIONS

| ACCOUNT TYPE | SECURITY | QUANTITY | DESCRIPTION | PRICE | VALUE | EST ANNUAL INCOME | EST YIELD |
|---|---|---|---|---|---|---|---|
| CASH ACCOUNT | MCD | 100 | MCDONALDS CORPORATION | 45 375 | 4,537.50 | 30.00 | 0.88% |
| CASH ACCOUNT | PVATW | 300 | WTS: PARAVANT COMPUTER SYSTEMS INC EXP 11/30/02 | 3.26 | 975.00 | | |
| | | | TOTAL APPROXIMATE VALUE OF PRICED SECURITIES | | 5,512.50 | | |
| | | | TOTAL ESTIMATED ANNUAL INCOME | | | 30.00 | |
| | | | AVERAGE YIELD ON PRICED SECURITIES | | | | 0.54% |

CONGRESS HAS ENACTED LEGISLATION AUTHORIZING THE SECURITIES AND EXCHANGE COMMISSION (SEC) TO COLLECT A FEE (SEC FEE) OF 1/300TH OF .1% ON THE AGGREGATE DOLLAR AMOUNT OF ALL SALE TRANSACTIONS ON NASDAQ AND OTC EQUITY SECURITIES BEGINNING JANUARY 1, 1997. CONTACT YOUR ACCOUNT EXECUTIVE WITH ANY QUESTIONS.

| BALANCES: | CASH ACCOUNT | TOTALS |
|---|---|---|
| OPENING | 7.50CR | 7.50CR |
| CLOSING | 0.00 | 0.00 |
| MARKET VALUE | 5,512.50 | 5,512.50 |
| EQUITY | 5,512.50 | 5,512.50 |

| YEAR-TO-DATE | DIVIDENDS |
|---|---|
| | 29.25CR |

***** END OF STATEMENT *****

Attachment 13 - p.1

Wheat First Butcher Singer
Serving Investors Since 1934

**Client Statement**

Account Of:
NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT

## Capital Resource Account

Mail To:
NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

Account Number
BK08 6540-0700

December 1, 1996 - December 31, 1996
Page 1 of 3

Investment Objective
TRADING, SPECULATION
OR HIGH INCOME

Your Financial Consultant
EDWARD G RAHALL

122 MAIN STREET
POST OFFICE BOX 1328
BECKLEY, WEST VIRGINIA 25802

304-252-6221

Tax I.D. No.
232-06-2218

OUR CHIEF INVESTMENT STRATEGIST, DON HAYS, BELIEVES THAT 1997 WILL BE AN EXCELLENT YEAR FOR GROWTH-STOCK INVESTORS. READ INVESTOR'S SPECTRUM TO LEARN WHY--THEN TALK WITH YOUR FINANCIAL CONSULTANT.

## Portfolio Summary

| COMPOSITION | ENDING BALANCE MARKET VALUE | PERCENT OF PORTFOLIO |
|---|---|---|
| CASH AND MONEY MARKET | 52,662.59 | 72.9 |
| BONDS | 774.80 | 1.1 |
| STOCKS | 18,815.15 | 26.0 |
| TOTAL ESTIMATED PORTFOLIO VALUE | 72,252.54 | 100.0 |

## Income Summary

| DESCRIPTION | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| MONEY MARKET FUND DIVIDENDS | 273.49 | 2,323.96 |
| CASH DIVIDENDS | 2.00 | 591.50 |
| TOTAL INCOME | 275.49 | 2,915.46 |

## Current Portfolio

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Cash and Money Market** | | | | | | |
| MONEY MARKET FUND (CRM) 4.41% AVERAGE YIELD 11/16/96-12/31/96 | | 52,662.59 | 1.0000 | 52,662.59 | 2,322 | 4.4 |
| TOTAL CASH AND MONEY MARKET | | | | 52,662.59 | 2,322 | N/A |
| **Bonds** | | | | | | |
| WEST VIRGINIA ST HOUSING DEV FUND SGLE FAM MTG REV OY-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 | | 5,000 | 15.4960 | 774.80 | 0 | 0.0 |

---CONTINUED ON NEXT PAGE---

Attachment 14 - p.1

Wheat First Butcher Singer is a trademark of Wheat First Securities Inc. Member New York Stock Exchange and Securities Investor Protection Corporation

Wheat First Butcher Singer
Serving Investors Since 1934

# Client Statement

Account Of:
NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT

Account Number
6K08 6540-0700

December 1, 1996 - December 31, 1996
Page 2 of 3

## Current Portfolio

continued

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Bonds** | | | | | | |
| TOTAL BONDS | | | | 774.80 | 0 | 0.0 |
| **Stocks** | | | | | | |
| EMCARE HOLDINGS | EMCR | 300 | 23.2500 | 6,975.00 | 0 | 0.0 |
| TCI SATELLITE ENTMT CL A | TSATA | 30 | 9.8750 | 296.25 | 0 | 0.0 |
| TELECOMMUNICATIONS GROUP SER A TCI GROUP COM | TCOMA | 300 | 13.0630 | 3,918.90 | 0 | 0.0 |
| USCS INTERNATIONAL INC | USCS | 300 | 16.8750 | 5,062.50 | 0 | 0.0 |
| VITALCOM INC | VCOM | 500 | 5.1250 | 2,562.50 | 0 | 0.0 |
| TOTAL STOCKS | | | | 18,815.15 | 0 | 0.0 |
| TOTAL ESTIMATED PORTFOLIO VALUE | | | | 72,252.54 | 2,322 | 3.2 |

## Activity Summary

| | ADDITIONS | SUBTRACTIONS | NET AMOUNT |
|---|---|---|---|
| BEGINNING CASH AND MONEY MARKET | | | 52,387.10 |
| DIVIDENDS AND INTEREST | 275.49 | .00 | 275.49 |
| OTHER ACTIVITY | .00 | .00 | .00 |
| TOTALS | 275.49 | .00 | 275.49 |
| ENDING CASH AND MONEY MARKET | | | 52,662.59 |

## Account Activity

| DATE | TRANSACTION | QUANTITY | DESCRIPTION | TRANSACTION PRICE | AMOUNT |
|---|---|---|---|---|---|
| **Dividends and Interest** | | | | | |
| 12 02 | DIVIDEND | | COLUMBIA/HCA HEALTHCARE CORP QUANTITY 100 | | 2.00 |
| 12 31 | DIVIDEND | | MONEY MARKET FUND (CRMJ) REINVESTED DIVIDEND | | 273.49 |
| TOTAL DIVIDENDS AND INTEREST | | | | | 275.49 |
| **Other Activity** | | | | | |
| 12 05 | STOCK DISTRIB | 30 | TCI SATELLITE ENTMT CL A | | .00 |
| TOTAL OTHER ACTIVITY | | | | | .00 |

---CONTINUED ON NEXT PAGE---



7-26-95F WMBWB 29837

Wheat First Butcher Singer is a trademark of Wheat First Securities Inc. Member New York Stock Exchange and Securities Investor Protection Corporation

**Wheat, First Securities, Inc.**
901 EAST BYRD ST., RICHMOND, VA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

**IRS REGULATIONS REQUIRE US TO REPORT AS 1996 INCOME MUTUAL FUND AND/OR REAL ESTATE INVESTMENT TRUST (REIT) DIVIDENDS THAT HAVE RECORD DATES IN OCTOBER, NOVEMBER, OR DECEMBER, AND ARE PAYABLE IN JANUARY OF 1997. IF YOU RECEIVED MUTUAL FUND AND/OR REIT PAYMENTS DURING 1996, PLEASE BE AWARE THAT WE MAY BE NOTIFIED OF A CHANGE IN THE TAX STATUS OF THESE PAYMENTS AFTER YOU HAVE RECEIVED THIS ANNUAL SUMMARY. IF THIS OCCURS, WE WILL NOTIFY YOU IN WRITING IMMEDIATELY AND ALSO SEND YOU A CORRECTED ANNUAL SUMMARY NO LATER THAN MARCH 17, 1997.

## DIVIDENDS AND DISTRIBUTIONS (1996 FORM 1099-DIV, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX |
|---|---|---|---|---|
| ALBERTSONS INC 013104-10-4 | 11-25 | DIVIDEND | 15.00 | 1B |
| BROWNING FERRIS INDS INC 115885-10-5 | 10-07 | DIVIDEND | 34.00 | 1B |
| CRT MONEY MARKET PORTFOLIO 14755B-10-3 | 01-16 | DIVIDEND | 161.08 | 1B |
| | 02-15 | DIVIDEND | 307.61 | 1B |
| | 03-15 | DIVIDEND | 239.22 | 1B |
| | 04-15 | DIVIDEND | 176.64 | 1B |
| | 05-15 | DIVIDEND | 155.91 | 1B |
| | 06-17 | DIVIDEND | 190.92 | 1B |
| | 07-15 | DIVIDEND | 161.38 | 1B |
| | 08-15 | DIVIDEND | 175.44 | 1B |
| | 09-16 | DIVIDEND | 205.33 | 1B |
| | 10-15 | DIVIDEND | 204.87 | 1B |
| | 11-15 | DIVIDEND | 162.41 | 1B |
| | 12-31 | DIVIDEND | 285.86 | 1B |
| | | (THE MONEY MARKET DIVIDEND(S) FOR THIS FUND INCLUDE A SERVICE FEE OF $102.71 WHICH MAY BE TAX DEDUCTIBLE. CONSULT YOUR TAX ADVISOR.) | | |
| COLUMBIA/HCA HEALTHCARE CORP 197677-10-7 | 12-02 | DIVIDEND | 2.00 | 1B |
| HOSPITALITY PROPERTIES TRUST COM SH BEN INT 44106M-10-2 | 05-21 | RECLASS-DIVIDEND | 98.99 | 1B |
| | 05-21 | RECLASS-RETURN OF CAPITAL | 17.01 | 1D |
| REALTY INCOME CORP 756109-10-4 | 04-15 | RECLASS-DIVIDEND | 40.37 | 1B |
| | 04-15 | RECLASS-RETURN OF CAPITAL | 6.13 | 1D |
| | 05-15 | RECLASS-DIVIDEND | 40.37 | 1B |
| | 05-15 | RECLASS-RETURN OF CAPITAL | 6.13 | 1D |
| | 06-17 | RECLASS-DIVIDEND | 40.37 | 1B |
| | 06-17 | RECLASS-RETURN OF CAPITAL | 6.13 | 1D |
| | 07-15 | RECLASS-DIVIDEND | 40.37 | 1B |
| | 07-15 | RECLASS-RETURN OF CAPITAL | 6.13 | 1D |
| | 08-15 | RECLASS-DIVIDEND | 40.37 | 1B |
| | 08-15 | RECLASS-RETURN OF CAPITAL | 6.13 | 1D |

| YEAR | Account No. | Recipient s ID No | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 5 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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**Wheat, First Securities, Inc.**
901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

**IRS REGULATIONS REQUIRE US TO REPORT AS 1996 INCOME MUTUAL FUND AND/OR REAL ESTATE INVESTMENT TRUST (REIT) DIVIDENDS THAT HAVE RECORD DATES IN OCTOBER, NOVEMBER, OR DECEMBER, AND ARE PAYABLE IN JANUARY OF 1997. IF YOU RECEIVED MUTUAL FUND AND/OR REIT PAYMENTS DURING 1996, PLEASE BE AWARE THAT WE MAY BE NOTIFIED OF A CHANGE IN THE TAX STATUS OF THESE PAYMENTS AFTER YOU HAVE RECEIVED THIS ANNUAL SUMMARY. IF THIS OCCURS, WE WILL NOTIFY YOU IN WRITING IMMEDIATELY AND ALSO SEND YOU A CORRECTED ANNUAL SUMMARY NO LATER THAN MARCH 17, 1997.

DIVIDENDS AND DISTRIBUTIONS
(1996 FORM 1099-DIV, CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX |
|---|---|---|---|---|
| SBC COMMUNICATIONS CORP INC 78387G-10-3 | 05-01 | DIVIDEND | 43.00 | 1B |
| | 08-01 | DIVIDEND | 43.00 | 1B |
| SARA LEE CORP 803111-10-3 | 04-01 | DIVIDEND | 38.00 | 1B |
| TNT FREIGHTWAYS CORP 87259J-10-3 | 04-08 | DIVIDEND | 28.00 | 1B |
| TANDY CORP 875382-10-3 | 01-23 | DIVIDEND | 40.00 | 1B |

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-DIV, OMB NO. 1545-0110

| | | |
|---|---|---|
| GROSS DIVIDENDS & OTHER DISTRIBUTIONS ON STOCK(TOTAL OF 1B,1C,1D & 1E) | 3,018.17 | 1A |
| ORDINARY DIVIDENDS..... | 2,970.51 | 1B |
| NONTAXABLE DISTRIBUTIONS..... | 47.66 | 1D |

| YEAR | Account No. | Recipient's ID No | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 6 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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SMITH BARNEY



Ref 00005867 00036491 A Member of Travelers Group

# Select Client Statement Forms 1099 for 1996

**Account Number 685-06692-16 025 SS # 232-06-2218**

| Payer | Your Financial Consultant | |
|---|---|---|
| SMITH BARNEY INC | PETER JOSEPH | NICK JOE RAHALL II ACF |
| 388 GREENWICH STREET | SMITH BARNEY | REBECCA ASHLEY RAHALL UGTMA/WV |
| NEW YORK, NEW YORK 10013 | 701 MAIN STREET | 2269 RAYBURN BUILDING |
| Attn: Tax Reporting Service Center | SUITE 100 | WASHINGTON DC |
| Tax ID Number 13-1912900 | STROUDSBURG PA 18360 | 20515-0005 |
| | Branch Office: 717-421-3100 | |

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.*

## 1099-DIV Dividends and Distributions 1996

(OMB No.1545-0110)

| Gross dividends and other distributions on stock (Total of 1b,1c,1d and 1e) | Ordinary dividends | Capital gain distributions | Nontaxable distributions | Investment expenses | Federal income tax withheld |
|---|---|---|---|---|---|
| $ 3,279.44 | $ 3,279.44 | | | | |
| Box 1a | Box 1b | Box 1c | Box 1d | Box 1e | Box 2 |

| Foreign tax paid | Foreign country or US possession | Liquidation distributions - cash | Liquidation distributions - non-cash |
|---|---|---|---|
| Box 3 | Box 4 | Box 5 | Box 6 |

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SMITH BARNEY

Ref: 00005867 00036492

A Member of Travelers Group



# Select Client Statement
# 1996 Year End Summary

**NICK JOE RAHALL II ACF**

**Account Number 685-06692-16 025 SS # 232-06-2218**

*Smith Barney is pleased to provide you with this overview of activity in your account this year. This information will help you understand the performance of your investments and manage your account with the assistance of your Smith Barney Financial Consultant. This information is **not provided to the IRS**.*

## Value of your portfolio

| Description | | Amount |
|---|---|---|
| Combined account balance | | $ 100.00 |
| Money funds | | 25,966.55 |
| Common stocks & options | | 170,812.70 |
| **Value of your account on 12/31/96** | | **$ 196,879.25** |
| **Value of your account on 12/31/95** | **$ 165,958.17** | |

## Earnings summary 1996

*Due to IRS reporting requirements, these figures may not be the same as totals reported on your monthly statement.*

| Description | 1099 Reported | 1099 Exempt | Total |
|---|---|---|---|
| Dividends ** | $ 3,279.44 | | $ 3,279.44 |
| **Totals** | **$ 3,279.44** | | **$ 3,279.44** |

**Includes money funds earnings and capital gain distributions*

1996 YEAR END SUMMARY

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SMITH BARNEY

Ref: 00005867 00036493 A Member of Travelers Group



# Select Client Statement
# 1996 Year End Summary

**NICK JOE RAHALL II ACF**

**Account Number 685-06692-16 025 SS # 232-06-2218**

## Details of 1099 Reported Dividends and Distributions 1996

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for gross dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Gross dividends and other distributions on stock (Box 1a) (Total of boxes 1b, 1c, 1d and 1e) | Ordinary dividends (Box 1b) | Long - Term Capital gain distributions (Box 1c) | Nontaxable distributions (Box 1d) | Investment expenses (Box 1e) | Federal income tax withheld (Box 2) | Foreign tax paid (Box 3) | Liquidation distributions-cash/non-cash (Boxes 5 & 6) |
|---|---|---|---|---|---|---|---|---|---|
| 150000100 | AMERICAN EXPRESS CO | $ 180.00 | $ 180.00 | | | | | | |
| 150000200 | CITICORP | 360.00 | 360.00 | | | | | | |
| 150000300 | COCA-COLA CO | 100.00 | 100.00 | | | | | | |
| 150000400 | EASTMAN KODAK CO | 160.00 | 160.00 | | | | | | |
| 150000500 | HOME DEPOT INC | 46.00 | 46.00 | | | | | | |
| 150000600 | HOUSEHOLD INTERNATIONAL INC | 141.00 | 141.00 | | | | | | |
| 150000700 | LEUCADIA NATIONAL CORP | 100.00 | 100.00 | | | | | | |
| 150000800 | MCI COMMUNICATIONS CORP | 20.00 | 20.00 | | | | | | |
| 150000900 | MCDONALDS CORP | 58.50 | 58.50 | | | | | | |
| 150001000 | PFIZER INC | 480.00 | 480.00 | | | | | | |
| 150001100 | SB MONEY FUNDS CASH PORT CL A | 1,425.94 | 1,425.94 | | | | | | |
| 150001200 | TIME WARNER HOLDINGS CO | 72.00 | 72.00 | | | | | | |
| 150001300 | WM WRIGLEY JR CO | 136.00 | 136.00 | | | | | | |
| **Totals in Boxes 1a-1e** | | **$ 3,279.44** | **$ 3,279.44** | | | | | | |

## Details of Deposits and Withdrawals 1996

***This section reflects any deposits or withdrawals made to your account during the year.***

### Withdrawals

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000100 | 03/22/96 | INVESTMENT & ADVISORY SERVICES FROM 03/01/96 TO 05/31/96 | | $ 239.36 |
| 220000300 | 09/20/96 | INVESTMENT & ADVISORY SERVICES FROM 09/01/96 TO 11/30/96 | | 238.05 |
| 220000200 | 06/21/96 | INVESTMENT & ADVISORY SERVICES FROM 06/01/96 TO 08/31/96 | | $ 242.31 |
| 220000400 | 12/20/96 | INVESTMENT & ADVISORY SERVICES FROM 12/01/96 TO 02/28/97 | | 253.57 |
| **Total** | | | | **$ 973.29** |

1996 YEAR END SUMMARY

2820

SMITH BARNEY

A Member of TravelersGroup

Ref 00002847 00014905



# Select Client Statement
December 1 - December 31, 1996

NICK JOE RAHALL II ACF

Account number 685-06692-16 025

## Cash and money funds balance

| | This period | This year |
|---|---|---|
| **Opening balance** | **$ 25,775 39** | |
| Withdrawals | -253.57 | -973.29 |
| Dividends credited | 368 00 | |
| Money funds earnings reinvested | 176.73 | |
| **Closing balance** | **$ 26,066 55** | |

## Portfolio summary

| | This period | Year-to-date |
|---|---|---|
| Opening value of securities | 202,372 84 | 165,858.16 |
| + Opening cash balance | 05 | 100.01 |
| = Opening portfolio balance | 202,372 89 | 165,958.17 |
| Securities deposited/withdrawn net | 0.00 | 0.00 |
| Capital deposited/withdrawn net | -253.57 | -973.29 |
| Adjusted opening value | 202,119 32 | 164,984.88 |
| Closing value of securities | 196,779 25 | 196,779.25 |
| + Closing cash balance | 100.00 | 100.00 |
| = Closing portfolio value | 196,879 25 | 196,879.25 |

**Note: Securities deposited/withdrawn net = The value of securities on the day they were debited from or credited to the account as reflected in the "Other security activity" section**
**Capital deposited/withdrawn net = Cash withdrawals and deposits, Gold Card payments, FMA Money Card activity, checks written, and Money funds transfers**

2821

## Portfolio details

*This section shows the holdings in your account. It reflects values as of the close of business on 12/31/96*

*Please note, unrealized gain/(loss) is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

### Money funds

| Number of shares | Description | Current value | Accrued dividends | Annualized % dividend Yield/Anticipated Income (annualized) |
|---|---|---|---|---|
| 25,966 55 | SB MONEY FUNDS CASH PORT CL A | $ 25,966 55 | | 4 89% |
| | | | | $ 1,269 76 |
| **Total money funds** | | $ 25,966.55 | $ 0.00 | 4.88 |
| | | | | $ 1,269.76 |

*Please refer to the back of page 1 for definitions of research ratings*

### Common stocks & options

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 200 | AMERICAN EXPRESS CO<br>SYMBOL: AXP/RATING: B<br>Research rating 1/M | 03/13/95 | $ 6,719 46 | $ 33.018 | $ 56.50 | $ 11,300 00 | $ 4,580 54 LT | 1.592%<br>$ 180 00 |
| 300 | AMGEN INC<br>SYMBOL: AMGN/RATING: B-<br>Research rating:1/S | | Please provide | | 54 375 | 16,312 50 | Not available | |

SMITH BARNEY



Ref. 00002847 00014906 A Member of Travelers Group

# Select Client Statement

December 1 - December 31, 1996

NICK JOE RAHALL II ACF

Account number 685-06692-16 025

## Common stocks & options *continued*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 200 | CITICORP<br>SYMBOL: CCI/RATING: B<br>Research rating:2/H | 12/16/92 | $ 3,942.78 | $ 19.36 | $ 103.00 | $ 20,600.00 | $ 16,657.21 | LT | 1.747 %<br>$ 360.00 |
| 200 | COCA-COLA CO<br>SYMBOL: KO/RATING: A+<br>Research rating:2/L | 12/28/93 | 4,525.56 | 22.257 | 52.625 | 10,525.00 | 5,999.44 | LT | .95<br>100.00 |
| 100 | EASTMAN KODAK CO<br>SYMBOL: EK/RATING: B<br>Research rating:1/L | 08/26/93 | 5,134.39 | 50.723 | 80.25 | 8,025.00 | 2,890.61 | LT | 1.993<br>160.00 |
| 200 | HOME DEPOT INC<br>SYMBOL: HD/RATING: A+<br>Research rating:2/M | 05/20/93 | 9,467.96 | 46.625 | 50.125 | 10,025.00 | 557.04 | LT | .478<br>48.00 |
| 100 | HOUSEHOLD INTERNATIONAL INC<br>SYMBOL: HI/RATING: B+ | 02/03/95 | 4,181.91 | 41.115 | 92.25 | 9,225.00 | 5,043.09 | LT | 1.691<br>156.00 |
| 400 | LEUCADIA NATIONAL CORP<br>SYMBOL: LUK/RATING: B | 06/01/95 | 9,595.05 | 23.625 | 26.75 | 10,700.00 | 1,104.95 | LT | .934<br>100.00 |
| 400 | MCI COMMUNICATIONS CORP<br>SYMBOL: MCIC/RATING: B<br>Research rating:2/H | | Please provide | | 32.688 | 13,075.20 | Not available | | .152<br>20.00 |
| 200 | MCDONALDS CORP<br>SYMBOL: MCD/RATING: A+<br>Research rating:1/L | 08/22/94 | 5,373.74 | 26.375 | 45.375 | 9,075.00 | 3,701.26 | LT | .661<br>60.00 |
| 200 | PFIZER INC<br>SYMBOL: PFE/RATING: A-<br>Research rating:1/M | 06/18/91 | 5,918.72 | 29.218 | 83.00 | 16,600.00 | 10,681.28 | LT | |
| 200 | | 06/18/91 | 5,918.71 | 29.218 | 83.00 | 16,600.00 | 10,681.29 | LT | |
| 400 | | | 11,837.43 | 29.594 | | 33,200.00 | 21,362.57 | | 1.445<br>480.00 |
| 200 | TIME WARNER HOLDINGS CO<br>SYMBOL: TWX/RATING: B-<br>Research rating:2/H | 01/18/93 | 6,590.84 | 32.394 | 37.50 | 7,500.00 | 909.16 | LT | .96<br>72.00 |
| 200 | WM WRIGLEY JR CO<br>SYMBOL: WWY/RATING: A+ | 05/22/96 | 10,785.66 | 53.154 | 56.25 | 11,250.00 | 464.34 | ST | 1.208<br>136.00 |
| **Total common stocks and options** | | | $ 78,154.79 | | | $ 170,812.70 | $ 464.34** | ST | 1.09 |
| | | | | | | | $ 62,805.87** | LT | $ 1,872.00 |
| **Total portfolio value** | | | $ 104,121.34 | | | $ 196,779.25 | $ 464.34** | ST | 1.59 |
| | | | | | | | $ 62,805.87** | LT | $ 3,141.78 |

***Unrealized Gain/Loss is only calculated when an original cost basis is available.*

2892

Wheat First Butcher Singer
Serving Investors Since 1934

# Client Statement

Account Of:
NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT

## Capital Resource Account

Mail To:
NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

Tax I.D. No.
233-17-4890

Account Number
BK08 6540-0350

December 1, 1996 - December 31, 1996
Page 1 of 3

Investment Objective
TRADING, SPECULATION
OR HIGH INCOME

Your Financial Consultant
EDWARD G RAHALL

122 MAIN STREET
POST OFFICE BOX 1328
BECKLEY, WEST VIRGINIA 25802

304-252-6221

OUR CHIEF INVESTMENT STRATEGIST, DON HAYS, BELIEVES THAT 1997 WILL BE AN EXCELLENT YEAR FOR GROWTH-STOCK INVESTORS. READ INVESTOR'S SPECTRUM TO LEARN WHY--THEN TALK WITH YOUR FINANCIAL CONSULTANT.

## Portfolio Summary

| COMPOSITION | ENDING BALANCE MARKET VALUE | PERCENT OF PORTFOLIO |
|---|---|---|
| CASH AND MONEY MARKET | 153,733.55 | 93.5 |
| BONDS | 10,640.95 | 6.5 |
| STOCKS | .00 | |
| TOTAL ESTIMATED PORTFOLIO VALUE | 164,374.50 | 100.0 |

## Income Summary

| DESCRIPTION | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| MONEY MARKET FUND DIVIDENDS | 832.06 | 6,179.95 |
| TOTAL INCOME | 832.06 | 6,179.95 |

## Current Portfolio

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Cash and Money Market** | | | | | | |
| CASH | | 3,271.32 | | 3,271.32 | 0 | 0.0 |
| MONEY MARKET FUND (CRM) | | 150,462.23 | 1.0000 | 150,462.23 | 6,635 | 4.4 |
| 4.41% AVERAGE YIELD 11/16/96-12/31/96 | | | | | | |
| TOTAL CASH AND MONEY MARKET | | | | 153,733.55 | 6,635 | N/A |
| **Bonds** | | | | | | |
| WEST VIRGINIA ST HSG | | 5,000 | 15.4960 | 774.80 | 0 | 0.0 |
| SUBMITTED PARTIAL CALL | | | | | | |
| REV OY-11.00% | | | | | | |
| CPN 0.000% DUE 1/01/97 | | | | | | |
| DTD 9/28/83 | | | | | | |
| CALL 8/21/95 @ 102.000 | | | | | | |

---CONTINUED ON NEXT PAGE---

Attachment 16 - p.1

Wheat First Butcher Singer is a trademark of Wheat First Securities Inc. Member New York Stock Exchange and Securities Investor Protection Corporation

Wheat First Butcher Singer
Serving Investors Since 1934

# Client Statement

Account Of:
NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT

Account Number
BK08 6540-0350

December 1, 1996 - December 31, 1996
Page 2 of 3

## Current Portfolio

continued

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | ESTIMATED CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Bonds** | | | | | | |
| OAK RIDGE TENN INDL DEV BRD MTG REV FHA INSRD BRITISH WOODS APT OY=10% CPN 0.000% DUE 6/01/25 DTD 6/26/85 FC 12/01/10 CALL 6/01/00 @ 38.818 | | 35,000 | 28.1890 | 9,866.15 | 0 | 0.0 |
| TOTAL BONDS | | | | 10,640.95 | 0 | 0.0 |
| TOTAL ESTIMATED PORTFOLIO VALUE | | | | 164,374.50 | 6,635 | 4.0 |

## Activity Summary

| BEGINNING CASH AND MONEY MARKET | ADDITIONS | SUBTRACTIONS | 148,010.10 NET AMOUNT |
|---|---|---|---|
| DIVIDENDS AND INTEREST | 832.06 | .00 | 832.06 |
| SECURITY SALES | 7,889.62 | .00 | 7,889.62 |
| SECURITY PURCHASES | .00 | 2,998.23 | -2,998.23 |
| OTHER ACTIVITY | .00 | .00 | .00 |
| TOTALS | 8,721.68 | 2,998.23 | 5,723.45 |
| ENDING CASH AND MONEY MARKET | | | 153,733.55 |

## Account Activity

| DATE | TRANSACTION | QUANTITY | DESCRIPTION | TRANSACTION PRICE | AMOUNT |
|---|---|---|---|---|---|
| **Dividends and Interest** | | | | | |
| 12 31 | DIVIDEND | | MONEY MARKET FUND (CRM) REINVESTED DIVIDEND | | 832.06 |
| TOTAL DIVIDENDS AND INTEREST | | | | | 832.06 |
| **Security Sales, Purchases, Redemptions** | | | | | |
| 12 03 | SALE | -200 | SILICON GRAPHICS INC | 23.6250 | 4,618.30 |
| 12 20 | PURCHASE | 200 | PUMA TECHNOLOGY INC | 14.5000 | -2,998.23 |
| 12 27 | SALE | -200 | PUMA TECHNOLOGY INC | 16.7500 | 3,271.32 |
| TOTAL SALES | | | | | 7,889.62 |
| TOTAL PURCHASES | | | | | -2,998.23 |

---CONTINUED ON NEXT PAGE---

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7-92-067 00000 28615

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**Wheat, First Securities, Inc.**
901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

**IRS REGULATIONS REQUIRE US TO REPORT AS 1996 INCOME MUTUAL FUND AND/OR REAL ESTATE INVESTMENT TRUST (REIT) DIVIDENDS THAT HAVE RECORD DATES IN OCTOBER, NOVEMBER, OR DECEMBER, AND ARE PAYABLE IN JANUARY OF 1997. IF YOU RECEIVED MUTUAL FUND AND/OR REIT PAYMENTS DURING 1996, PLEASE BE AWARE THAT WE MAY BE NOTIFIED OF A CHANGE IN THE TAX STATUS OF THESE PAYMENTS AFTER YOU HAVE RECEIVED THIS ANNUAL SUMMARY. IF THIS OCCURS, WE WILL NOTIFY YOU IN WRITING IMMEDIATELY AND ALSO SEND YOU A CORRECTED ANNUAL SUMMARY NO LATER THAN MARCH 17, 1997.

DIVIDENDS AND DISTRIBUTIONS (1996 FORM 1099-DIV, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX |
|---|---|---|---|---|
| CRT MONEY MARKET PORTFOLIO 14755B-10-3 | 01-16 | DIVIDEND | 283.96 | 1B |
| | 02-15 | DIVIDEND | 549.62 | 1B |
| | 03-15 | DIVIDEND | 514.52 | 1B |
| | 04-15 | DIVIDEND | 544.48 | 1B |
| | 05-15 | DIVIDEND | 519.08 | 1B |
| | 06-17 | DIVIDEND | 583.34 | 1B |
| | 07-15 | DIVIDEND | 470.51 | 1B |
| | 08-15 | DIVIDEND | 486.27 | 1B |
| | 09-16 | DIVIDEND | 524.83 | 1B |
| | 10-15 | DIVIDEND | 536.57 | 1B |
| | 11-15 | DIVIDEND | 572.82 | 1B |
| | 12-31 | DIVIDEND | 869.72 | 1B |
| | (THE MONEY MARKET DIVIDEND(S) FOR THIS FUND INCLUDE A SERVICE FEE OF $275.77 WHICH MAY BE TAX DEDUCTIBLE. CONSULT YOUR TAX ADVISOR.) | | | |

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-DIV, OMB NO. 1545-0110

| | | |
|---|---|---|
| GROSS DIVIDENDS & OTHER DISTRIBUTIONS ON STOCK(TOTAL OF 1B,1C,1D & 1E) | 6,455.72 | 1A |
| ORDINARY DIVIDENDS..... | 6,455.72 | 1B |

| YEAR | Account No | Recipient's ID No | Page |
|---|---|---|---|
| 1996 | BK08 6540-0350 | 233-17-4890 | 4 OF 6 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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SMITH BARNEY

Ref: 00005866 00036485

A Member of Travelers Group



# Select Client Statement Forms 1099 for 1996

Account Number 685-00725-10 025 SS # 233-17-4890

| Payer | Your Financial Consultant | |
|---|---|---|
| SMITH BARNEY INC | PETER JOSEPH | N JOE RAHALL II ACF |
| 388 GREENWICH STREET | SMITH BARNEY | NICK JOE RAHALL III UGTMA/WVA |
| NEW YORK, NEW YORK 10013 | 701 MAIN STREET | 2269 RAYBURN BUILDING |
| Attn Tax Reporting Service Center | SUITE 100 | WASHINGTON DC |
| Tax ID Number 13-1912900 | STROUDSBURG PA 18360 | 20515-0005 |
| | Branch Office 717-421-3100 | |

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.*

## 1099-DIV Dividends and Distributions 1996

(OMB No 1545-0110)

| Gross dividends and other distributions on stock (Total of 1b 1c 1d and 1e) | Ordinary dividends | Capital gain distributions | Nontaxable distributions | Investment expenses | Federal income tax withheld |
|---|---|---|---|---|---|
| $ 5,803 52 | $ 5,803 52 | | | | |
| Box 1a | Box 1b | Box 1c | Box 1d | Box 1e | Box 2 |

| Foreign tax paid | Foreign country or US possession | Liquidation distributions - cash | Liquidation distributions - non cash |
|---|---|---|---|
| Box 3 | Box 4 | Box 5 | Box 6 |

SMITH BARNEY

Ref 00005866 00036487 A Member of Travelers Group



# Select Client Statement
# 1996 Year End Summary

**N JOE RAHALL II ACF**

**Account Number 685-00725-10 G25 SS # 233-17-4890**

*Smith Barney is pleased to provide you with this overview of activity in your account this year. This information will help you understand the performance of your investments and manage your account with the assistance of your Smith Barney Financial Consultant. This information is not provided to the IRS.*

## Value of your portfolio

| Description | | Amount |
|---|---|---|
| Combined account balance | | $ 220.00 |
| Money funds | | 56,919.57 |
| Common stocks & options | | 254,362.70 |
| Municipal bonds | | 1,547.40 |
| **Value of your account on 12/31/96** | | **$ 313,049.67** |
| **Value of your account on 12/31/95** | **$ 259,085.14** | |

## Earnings summary 1996

*Due to IRS reporting requirements, these figures may not be the same as totals reported on your monthly statement.*

| Description | 1099 Reported | 1099 Exempt | Total |
|---|---|---|---|
| Dividends ** | $ 5,803.52 | | $ 5,803.52 |
| **Totals** | **$ 5,803.52** | | **$ 5,803.52** |

**Includes money funds earnings and capital gain distributions

1996 YEAR END SUMMARY

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SMITH BARNEY

Ref. 00005866 00036488 A Member of Travelers Group



# Select Client Statement
# 1996 Year End Summary

*N JOE RAHALL II ACF*

*Account Number 685-00725-10 025 SS # 233-17-4890*

## Details of 1099 Reported Dividends and Distributions 1996

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for gross dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Gross dividends and other distributions on stock (Box 1a) (Total of boxes 1b,1c,1d and 1e) | Ordinary dividends (Box 1b) | Long - Term Capital gain distributions (Box 1c) | Nontaxable distributions (Box 1d) | Investment expenses (Box 1e) | Federal income tax withheld (Box 2) | Foreign tax paid (Box 3) | Liquidation distributions-cash/non-cash (Boxes 5 & 6) |
|---|---|---|---|---|---|---|---|---|---|
| 150000100 | AMERICAN EXPRESS CO | $ 360.00 | $ 360.00 | | | | | | |
| 150000200 | CITICORP | 540.00 | 540.00 | | | | | | |
| 150000300 | COCA-COLA CO | 200.00 | 200.00 | | | | | | |
| 150000400 | CORNING INC | 54.00 | 54.00 | | | | | | |
| 150000500 | EASTMAN KODAK CO | 320.00 | 320.00 | | | | | | |
| 150000600 | FEDERAL HOME LN MTG CORP | 280.00 | 280.00 | | | | | | |
| 150000700 | HOME DEPOT INC | 69.00 | 69.00 | | | | | | |
| 150000800 | HOUSEHOLD INTERNATIONAL INC | 423.00 | 423.00 | | | | | | |
| 150000900 | LEUCADIA NATIONAL CORP | 150.00 | 150.00 | | | | | | |
| 150001000 | MCI COMMUNICATIONS CORP | 20.00 | 20.00 | | | | | | |
| 150001100 | MCDONALDS CORP | 117.00 | 117.00 | | | | | | |
| 150001200 | PFIZER INC | 240.00 | 240.00 | | | | | | |
| 150001300 | SB MONEY FUNDS CASH PORT CL A | 2,718.52 | 2,718.52 | | | | | | |
| 150001400 | TIME WARNER HOLDINGS CO | 108.00 | 108.00 | | | | | | |
| 150001500 | WM WRIGLEY JR CO | 204.00 | 204.00 | | | | | | |
| **Totals in Boxes 1a-1e** | | **$ 5,803.52** | **$ 5,803.52** | | | | | | |

## Details of Short Term Gain (Loss) 1996

*This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. For additional information regarding this section see enclosed brochure.*

| Reference number | Quantity | Security Description | Opening Trade Date | Closing Trade Date | Sale Proceeds | Original Cost Adjusted Cost | Original Gain/(Loss) Adjusted Gain/(Loss) | Ordinary Income Capital Gain/(Loss) |
|---|---|---|---|---|---|---|---|---|
| 125000100 | 300 | CORNING INC | 08/01/95 | 05/22/96 | $ 11,562.65 | $ 9,715.65 | $ 1,847.00 | $ 0.00 |
| | | | | | | $ 0.00 | $ 0.00 | $ 0.00 |

1996 YEAR END SUMMARY

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SMITH BARNEY

A Member of Travelers Group

Ref: 00005866 00036489

# Select Client Statement
# 1996 Year End Summary

*N JOE RAHALL II ACF*

*Account Number 685-00725-10 025 SS # 233-17-4890*

## Details of Long Term Gain (Loss) 1996

*This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. For additional information regarding this section see enclosed brochure.*

| Reference number | Quantity | Security Description | Opening Trade Date | Closing Trade Date | Sale Proceeds | Original Cost Adjusted Cost | Original Gain/(Loss) Adjusted Gain/(Loss) | Ordinary Income Capital Gain/(Loss) |
|---|---|---|---|---|---|---|---|---|
| 125000200 | 10,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | 09/01/83 | 01/02/96 | $ 1,307.40 | $ 352.00 [d]<br>$ 1,307.40 | $ 955.40<br>$ 0.00 | $ 0.00<br>$ 0.00 |
| 125000300 | 10,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | 09/01/83 | 04/15/96 | 1,349.34 | 352.00 [d]<br>1,349.34 | 997.34<br>0.00 | 0.00<br>0.00 |
| 125000400 | 5,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | 09/01/83 | 10/01/96 | 708.63 | 176.00 [d]<br>708.63 | 532.63<br>0.00 | 0.00<br>0.00 |

[d] *Based on information supplied by your Financial Consultant.*

## Details of Deposits and Withdrawals 1996

***This section reflects any deposits or withdrawals made to your account during the year.***

### Withdrawals

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000100 | 03/22/96 | INVESTMENT & ADVISORY SERVICES FROM 03/01/96 TO 05/31/96 | | $ 371.73 |
| 220000300 | 09/20/96 | INVESTMENT & ADVISORY SERVICES FROM 09/01/96 TO 11/30/96 | | 374.53 |
| 220000200 | 06/21/96 | INVESTMENT & ADVISORY SERVICES FROM 06/01/96 TO 08/31/96 | | $ 378.37 |
| 220000400 | 12/20/96 | INVESTMENT & ADVISORY SERVICES FROM 12/01/96 TO 02/28/97 | | 397.72 |
| **Total** | | | | **$ 1,522.35** |

1996 YEAR END SUMMARY

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SMITH BARNEY



Ref 00002846 00014899 A Member of Travelers Group

# Select Client Statement

December 1 - December 31, 1996

N JOE RAHALL II ACF

Account number 685-00725-10 025

## Cash and money funds balance

| | This period | This year |
|---|---|---|
| **Opening balance** | **$ 56,632 34** | |
| Withdrawals | -397 72 | -1,522 35 |
| Dividends credited | 517 00 | |
| Money funds earnings reinvested | 387 95 | |
| **Closing balance** | **$ 57,139 57** | |

## Portfolio summary

| | This period | Year-to-date |
|---|---|---|
| Opening value of securities | 317,460 41 | 258,821 13 |
| + Opening cash balance | 08 | 264 01 |
| = Opening portfolio balance | 317,460 49 | 259,085.14 |
| Securities deposited/withdrawn net | 0 00 | 0.00 |
| Capital deposited/withdrawn net | -397 72 | -1,522 35 |
| Adjusted opening value | 317,062 77 | 257,562 79 |
| Closing value of securities | 312,829 67 | 312,829 67 |
| + Closing cash balance | 220 00 | 220.00 |
| = Closing portfolio value | 313,049.67 | 313,049.67 |

**Note: Securities deposited/withdrawn net = The value of securities on the day they were debited from or credited to the account as reflected in the "Other security activity" section**
**Capital deposited/withdrawn net = Cash withdrawals and deposits, Gold Card payments, FMA Money Card activity, checks written, and Money funds transfers**

## Portfolio details

*This section shows the holdings in your account. It reflects values as of the close of business on 12/31/96*

*Please note, unrealized gain/(loss) is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

### Money funds

| Number of shares | Description | Current value | Accrued dividends | Annualized % dividend Yield/Anticipated Income (annualized) |
|---|---|---|---|---|
| 56,919 57 | SB MONEY FUNDS CASH PORT CL A | $ 56,919.57 | | 4.89% |
| | | | | $ 2,783.36 |
| **Total money funds** | | **$ 56,919.57** | **$ 0.00** | **4.88** |
| | | | | **$ 2,783.36** |

### Common stocks & options

*Please refer to the back of page 1 for definitions of research ratings.*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 400 | AMERICAN EXPRESS CO<br>SYMBOL: AXP/RATING: B<br>Research rating:1/M | 03/13/95 | $ 13,403.33 | $ 33.018 | $ 56.50 | $ 22,600 00 | $ 9,186 67 | LT | 1.592%<br>$ 360.00 |
| 300 | CITICORP<br>SYMBOL: CCI/RATING: B<br>Research rating:2/H | 12/16/92 | 5,809.79 | 19 36 | 103 00 | 30,900 00 | 24,990.21 | LT | 1.747<br>540.00 |

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SMITH BARNEY

A Member of Travelers Group

Ref: 00002846 00014900



# Select Client Statement

December 1 - December 31, 1996

N JOE RAHALL II ACF

Account number 685-00725-10 025

## Common stocks & options *continued*

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 400 | COCA-COLA CO<br>SYMBOL: KO/RATING: A+<br>Research rating:2/L | 12/28/93 | $ 9,041.28 | $ 22.257 | $ 52.625 | $ 21,050.00 | $ 12,008.72 | LT | .95%<br>$ 200.00 |
| 200 | EASTMAN KODAK CO<br>SYMBOL: EK/RATING: B<br>Research rating:1/L | 08/26/93 | 8,934.14 | 49.67 | 80.25 | 16,050.00 | 6,115.86 | LT | 1.993<br>320.00 |
| 200 | FEDERAL HOME LN MTG CORP<br>SYMBOL: FRE<br>Research rating:1/H | 11/23/94 | 9,771.24 | 48.125 | 110.375 | 22,075.00 | 12,303.76 | LT | 1.268<br>280.00 |
| 300 | HOME DEPOT INC<br>SYMBOL: HD/RATING: A+<br>Research rating:2/M | 05/20/93 | 14,184.26 | 46.625 | 50.125 | 15,037.50 | 853.24 | LT | .478<br>72.00 |
| 300 | HOUSEHOLD INTERNATIONAL INC<br>SYMBOL: HI/RATING: B+ | 02/03/95 | 12,515.17 | 41.115 | 92.25 | 27,675.00 | 15,159.83 | LT | 1.691<br>468.00 |
| 600 | LEUCADIA NATIONAL CORP<br>SYMBOL: LUK/RATING: B | 06/01/95 | 14,373.32 | 23.625 | 26.75 | 16,050.00 | 1,676.68 | LT | .934<br>150.00 |
| 400 | MCI COMMUNICATIONS CORP<br>SYMBOL: MCIC/RATING: B<br>Research rating:2/H | 01/25/79 | 287.00 | 715 | 32.688 | 13,075.20 | 12,788.20// | LT | .152<br>20.00 |
| 400 | MCDONALDS CORP<br>SYMBOL: MCD/RATING: A+<br>Research rating:1/L | 08/22/94 | 10,720.48 | 26.375 | 45.375 | 18,150.00 | 7,429.52 | LT | .661<br>120.00 |
| 200 | PFIZER INC<br>SYMBOL: PFE/RATING: A-<br>Research rating:1/M | 06/18/91 | 5,918.71 | 29.218 | 83.00 | 16,600.00 | 10,681.29 | LT | 1.445<br>240.00 |
| 300 | TIME WARNER HOLDINGS CO<br>SYMBOL: TWX/RATING: B-<br>Research rating:2/H | 01/18/93 | 9,873.39 | 32.394 | 37.50 | 11,250.00 | 1,376.61 | LT | .96<br>108.00 |
| 200 | VIACOM INC CL B<br>SYMBOL: VIAB<br>Research rating:2/H | 08/30/95 | 9,822.25 | 48.375 | 34.875 | 6,975.00 | (2,847.25) | LT | |
| 300 | WM WRIGLEY JR CO<br>SYMBOL: WWY/RATING: A+ | 05/22/96 | 16,162.13 | 53.154 | 56.25 | 16,875.00 | 712.87 | ST | 1.208<br>204.00 |
| **Total common stocks and options** | | | $ 141,916.49 | | | $ 254,362.70 | $ 712.87 | ST | 1.21 |
| | | | | | | | $ 111,733.34 | LT | $ 3,082.00 |

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SMITH BARNEY

A Member of TravelersGroup



Ref 00002846 00014901

# Select Client Statement
December 1 - December 31, 1996

N JOE RAHALL II ACF

Account number 685-00725-10 025

## Bonds

*Some prices provided by outside pricing services may be inaccurate. They are provided only as a guide to determine portfolio value. For more specific values, please call your Financial Consultant. Call features shown indicate the next regularly scheduled call date and price. Your holdings may be subject to other redemption features including sinking funds or extraordinary calls.*

## Municipal bonds

| Amount | Description | Date acquired | Cost/ Adjusted cost | Share cost/ Adjusted share cost | Current share price/Accrued interest | Current value | Unrealized Gain/(loss) Original/ Adjusted | | Current % Yield/ Anticip. Income (annualized) | Ordinary Income/ Capital gain/(loss) |
|---|---|---|---|---|---|---|---|---|---|---|
| 10,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE INT 00.000%. MATY: 01/01/2015 Rating: AA/AAA | 09/01/83 | $ 352.00<br>$ 1,462.20 | $ 3.52<br>$ 14.622 /// | 15.474 | $ 1,547.40 | $ 1,195.40#<br>$ 85.20# | LT<br>LT | | $ 0.00<br>$ 85.20 |
| **Total municipal bonds** | | | $ 352.00 | | | $ 1,547.40 | $ 0.00 | ST | $ 0.00 | 0.00 |
| 10,000 | | | $ 1,462.20 | | | | $ 85.20 | LT | $ 0.00 | $ 85.20 |
| **Total portfolio value** | | | $ 200,298.26 | | | $ 312,829.67 | $ 712.87 | ST | 1.87 | $ 0.00 |
| | | | | | | | $ 111,818.54 | LT | $ 5,865.36 | $ 85.20 |

#Based on information supplied by your Financial Consultant.

/// Original Issue Discount

## Transaction details

### Withdrawals

| Date | Description | Reference no | Amount |
|---|---|---|---|
| 12/20/96 | INVESTMENT & ADVISORY SERVICES<br>FROM 12/01/96 TO 02/28/97 | | $ 397.72 |

### Money funds activity

**Opening money funds balance** $ 56,832.26

| Date | Activity | Description | Amount |
|---|---|---|---|
| 12/13/96 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 60.08 |
| 12/16/96 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 40.00 |
| 12/17/96 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 179.00 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 12/20/96 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 18.00 |
| 12/20/96 | Redemption | SB MONEY FUNDS CASH PORT CL A | -397.72 |
| | | MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS) | 387.95 |
| | | **Closing balance** | $ 56,810.57 |

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**Wheat First Butcher Singer**
Serving Investors Since 1934

# Client Statement

Account Of:
NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT

## Capital Resource Account

Mail To:
NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

Account Number
BK08 6540-1050

December 1, 1996 - December 31, 1996
Page 1 of 4

Investment Objective
GROWTH & INCOME (QUALITY)

Your Financial Consultant
EDWARD G RAHALL

122 MAIN STREET
POST OFFICE BOX 1328
BECKLEY, WEST VIRGINIA 25802

304-252-6221

Tax I.D. No.
233-25-9977

OUR CHIEF INVESTMENT STRATEGIST, DON HAYS, BELIEVES THAT 1997 WILL BE AN EXCELLENT YEAR FOR GROWTH-STOCK INVESTORS. READ INVESTOR'S SPECTRUM TO LEARN WHY--THEN TALK WITH YOUR FINANCIAL CONSULTANT.

## Portfolio Summary

| COMPOSITION | ENDING BALANCE MARKET VALUE | PERCENT OF PORTFOLIO |
|---|---|---|
| CASH AND MONEY MARKET | 6,554.49 | 8.1 |
| BONDS | 32,663.01 | 40.2 |
| UNIT INVESTMENT TRUST | 35,030.50 | 43.1 |
| STOCKS | 2,550.00 | 3.1 |
| MUTUAL FUNDS | 4,462.54 | 5.5 |
| TOTAL ESTIMATED PORTFOLIO VALUE | 81,260.54 | 100.0 |

## Income Summary

| DESCRIPTION | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| MONEY MARKET FUND DIVIDENDS | 17.31 | 70.66 |
| CASH DIVIDENDS | .00 | 211.38 |
| OTHER INTEREST | 292.51 | 1,396.87 |
| TOTAL INCOME | 309.82 | 1,678.91 |

## Return of Principal Summary

| DESCRIPTION | THIS PERIOD | YEAR TO DATE |
|---|---|---|
| RETURN OF PRINCIPAL | 134.57 | 397.37 |
| TOTAL RETURN OF PRINCIPAL | 134.57 | 397.37 |

Attachment 18 - p.1

---CONTINUED ON NEXT PAGE---

Wheat First Butcher Singer is a trademark of Wheat, First Securities, Inc. Member New York Stock Exchange and Securities Investor Protection Corporation

**Wheat First Butcher Singer**
Serving Investors Since 1934

# Client Statement

Account Of:
NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT

Account Number
BK08 6540-1050

December 1, 1996 - December 31, 1996
Page 2 of 4

## Current Portfolio

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Cash and Money Market** | | | | | | |
| CASH | | 2,612.37 | | 2,612.37 | 0 | 0.0 |
| MONEY MARKET FUND (CRG) | | 3,942.12 | 1.0000 | 3,942.12 | 173 | 4.4 |
| 4.41% AVERAGE YIELD 11/16/96-12/31/96 | | | | | | |
| TOTAL CASH AND MONEY MARKET | | | | 6,554.49 | 173 | N/A |
| **Bonds** | | | | | | |
| FICO STRIP SR 1 05/11/01<br>INTEREST PMT<br>DUE 5/11/01<br>DTD 5/18/88 | | 5,000 | 75.5676 | 3,778.38 | 0 | 0.0 |
| DISTRICT COLUMBIA SER A<br>OY=7.30% UT GENL OBLIG<br>CPN 0.000% DUE 6/01/02<br>DTD 5/04/89<br>PRE 6/01/99 @ 83.065 | | 10,000 | 73.3800 | 7,338.00 | 0 | 0.0 |
| FICO STRIP SR 16 10/5/02<br>INTEREST PMT<br>DUE 10/05/02 | | 10,000 | 68.7255 | 6,872.55 | 0 | 0.0 |
| CERT ACCRUAL SER M 11/02<br>TREAS SECS INT PMT<br>DUE 11/15/02 | | 5,000 | 68.9235 | 3,446.17 | 0 | 0.0 |
| MORGAN STANLEY 87 K3<br>MULTICLASS CMO<br>CPN 8.425% DUE 9/20/18<br>DTD 5/20/87 FC 9/20/87<br>ACCRUED INT 24.97<br>REMAIN BAL 2,602.63<br>DEC FACTOR .86754551 | | 3,000 | 100.0000 | 2,602.63 | 219 | 8.4 |
| FNMA 91 6ZD<br>9% COMPOUNDED RATE<br>MULTICLASS CMO<br>CPN 0.000% DUE 1/25/21<br>DTD 1/01/91 FC 2/25/91<br>REMAIN BAL 5,099.41<br>DEC FACTOR 1.69980417 | PAC | 3,000 | 110.3125 | 5,625.28 | 0 | 0.0 |
| FNMA 92 11E<br>MULTICLASS CMO<br>CPN 8.000% DUE 12/25/21<br>DTD 1/01/92 FC 2/25/92<br>ACCRUED INT 20.00<br>REMAIN BAL 3,000.00<br>DEC FACTOR 1.00000000 | | 3,000 | 100.0000 | 3,000.00 | 240 | 8.0 |

---CONTINUED ON NEXT PAGE---

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7-96-027 WHBW 20019

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## Current Portfolio continued

| TYPE/DESCRIPTION | SYMBOL | QUANTITY | CURRENT PRICE | ESTIMATED VALUE | ESTIMATED ANNUAL INCOME | CURRENT YIELD |
|---|---|---|---|---|---|---|
| **Bonds** | | | | | | |
| $44 IS THE TOTAL ESTIMATED ACCRUED INTEREST AS DETAILED ABOVE. $10,702 IS THE TOTAL REMAINING BALANCE OF GNMA AND OTHER MORTGAGE BACKED SECURITIES. | | | | | | |
| TOTAL BONDS | | | | 32,663.01 | 459 | 1.4 |
| **Unit Investment Trusts** | | | | | | |
| FIRST TRUST SPCL SIT 67 PHARMACEUTICAL GROWTH & VALUE TRUST 1 QTRLY | | 500 | 19.3500 | 9,675.00 | 225 | 2.3 |
| FIRST TR SPCL SITS 79 TELEPHONE GROWTH TRUST SERIES 1 | | 500 | 11.2100 | 5,605.00 | 130 | 2.3 |
| VAN KAMPEN MERRITT BRAND NAME EQUITY TRUST UNIT 1 QUARTERLY | | 500 | 16.3500 | 8,175.00 | 135 | 1.7 |
| FIRST TRUST SPECIAL SIT TR 91 FOOD & BEVERAGE GROWTH TRUST SERIES 1 | | 500 | 13.2500 | 6,625.00 | 110 | 1.7 |
| MORTGAGE SECURITIES TR CMO SER 15 INTERMEDIATE PORTFOLIO UNIT MONTHLY | | 5,000 | .9901 | 4,950.50 | 300 | 6.1 |
| TOTAL UIT | | | | 35,030.50 | 900 | 2.6 |
| **Stocks** | | | | | | |
| PERKINS FAMILY RESTR L P PFR EQUITY PARTN SECS | | 200 | 12.7500 | 2,550.00 | 260 | 10.2 |
| TOTAL STOCKS | | | | 2,550.00 | 260 | 10.2 |
| **Mutual Funds** | | | | | | |
| MFS RESEARCH FD CL B | MFRBX | 245.4640 | 18.1800 | 4,462.54 | 0 | 0.0 |
| TOTAL MUTUAL FUNDS | | | | 4,462.54 | 0 | 0.0 |
| Estimated Annual Income and Current Yield refer to dividends and interest income only, and typically do not reflect total return. | | | | | | |
| TOTAL ESTIMATED PORTFOLIO VALUE | | | | 81,260.54 | 1,792 | 2.2 |

## Activity Summary

| BEGINNING CASH AND MONEY MARKET | | | 3,497.73 |
|---|---|---|---|
| | ADDITIONS | SUBTRACTIONS | NET AMOUNT |
| DIVIDENDS AND INTEREST | 309.82 | .00 | 309.82 |
| SECURITY SALES | 3,612.37 | .00 | 3,612.37 |
| SECURITY PURCHASES | .00 | 1,163.86 | -1,163.86 |
| OTHER ACTIVITY | 298.43 | .00 | 298.43 |
| TOTALS | 4,220.62 | 1,163.86 | 3,056.76 |
| ENDING CASH AND MONEY MARKET | | | 6,554.49 |

---CONTINUED ON NEXT PAGE---

**Wheat, First Securities, Inc.**
901 EAST BYRD STREET, RICHMOND, VIRGINIA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

## CORRECTED 1996 ANNUAL SUMMARY

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**IRS REGULATIONS REQUIRE US TO REPORT AS 1996 INCOME MUTUAL FUND AND/OR REAL ESTATE INVESTMENT TRUST DIVIDENDS THAT HAVE RECORD DATES IN OCTOBER, NOVEMBER, OR DECEMBER, AND ARE PAYABLE IN JANUARY OF THE FOLLOWING YEAR.

### DIVIDENDS AND DISTRIBUTIONS (1996 FORM 1099-DIV, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX # |
|---|---|---|---|---|
| ALBERTSONS INC 013104-10-4 | 11-25 | DIVIDEND | 15.00 | 1B |
| CRT GOVERNMENT SECS PORTFOLIO 14755B-20-2 | 01-16 | DIVIDEND | 1.20 | 1B |
| | 02-15 | DIVIDEND | 6.52 | 1B |
| | 03-15 | DIVIDEND | 5.58 | 1B |
| | 04-15 | DIVIDEND | 10.33 | 1B |
| | 05-15 | DIVIDEND | 2.94 | 1B |
| | 06-17 | DIVIDEND | 3.77 | 1B |
| | 07-15 | DIVIDEND | 1.81 | 1B |
| | 08-15 | DIVIDEND | .25 | 1B |
| | 09-16 | DIVIDEND | .74 | 1B |
| | 10-15 | DIVIDEND | 15.44 | 1B |
| | 11-15 | DIVIDEND | 7.24 | 1B |
| | 12-31 | DIVIDEND | 18.09 | 1B |
| | | (THE MONEY MARKET DIVIDEND(S) FOR THIS FUND INCLUDE A SERVICE FEE OF $3.25 WHICH MAY BE TAX DEDUCTIBLE. CONSULT YOUR TAX ADVISOR.) | | |
| FIRST TRUST SPCL SIT 67 PHARMACEUTICAL GROWTH & VALUE TRUST 1 QTRLY 33734T-88-6 | 01-01 | YR-END ALLOCATION CARRYOVER | 1.06 DB | 1B |
| | 03-28 | DIVIDEND | 48.49 | 1B |
| | 06-27 | DIVIDEND | 50.32 | 1B |
| | 09-27 | DIVIDEND | 43.41 | 1B |
| | 12-30 | DIVIDEND | 56.18 | 1B |
| | 12-31 | YR-END ALLOCATION | 3.23 | 1B |
| | 12-31 | INVESTMENT EXPENSES | 10.25 | 1E |
| FIRST TR SPCL SITS 79 TELEPHONE GROWTH TRUST SERIES 1 33734W-27-7 | 01-01 | YR-END ALLOCATION CARRYOVER | 1.30 DB | 1B |
| | 03-28 | DIVIDEND | 43.62 | 1B |
| | 06-27 | DIVIDEND | 34.02 | 1B |
| | 09-27 | DIVIDEND | 44.19 | 1B |
| | 12-30 | DIVIDEND | 32.60 | 1B |
| | 12-31 | YR-END ALLOCATION | .41 | 1B |
| | 12-31 | INVESTMENT EXPENSES | 9.37 | 1E |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 3 OF 12 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 03/28/97

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Member New York Stock Exchange, Inc. and SIPC

**Wheat, First Securities, Inc.**
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### DIVIDENDS AND DISTRIBUTIONS
(1996 FORM 1099-DIV, CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX # |
|---|---|---|---|---|
| FIRST TRUST SPECIAL SIT | 01-01 | YR-END ALLOCATION CARRYOVER | .86 DB | 1B |
| TR 91 FOOD & BEVERAGE | 06-27 | DIVIDEND | 53.43 | 1B |
| GROWTH TRUST SERIES 1 | 12-30 | DIVIDEND | 57.37 | 1B |
| 33734W-43-4 | 12-31 | YR-END ALLOCATION | 2.01 | 1B |
| | 12-31 | INVESTMENT EXPENSES | 10.86 | 1E |
| MFS EQUITY RESEARCH | 12-26 | CAPITAL GAIN | 69.02 | 1C |
| FUND CLASS B | 12-26 | SHORT TERM CAPITAL GAIN | 94.84 | 1B |
| 552981-20-1 | | | | |
| REALTY INCOME CORP | 04-15 | RECLASS-DIVIDEND | 16.82 | 1B |
| 756109-10-4 | 04-15 | RECLASS-RETURN OF CAPITAL | 2.56 | 1D |
| | 05-15 | RECLASS-DIVIDEND | 26.91 | 1B |
| | 05-15 | RECLASS-RETURN OF CAPITAL | 4.09 | 1D |
| | 06-17 | RECLASS-DIVIDEND | 26.91 | 1B |
| | 06-17 | RECLASS-RETURN OF CAPITAL | 4.09 | 1D |
| | 07-15 | RECLASS-DIVIDEND | 26.91 | 1B |
| | 07-15 | RECLASS-RETURN OF CAPITAL | 4.09 | 1D |
| | 08-15 | RECLASS-DIVIDEND | 26.91 | 1B |
| | 08-15 | RECLASS-RETURN OF CAPITAL | 4.09 | 1D |
| | 09-17 | RECLASS-DIVIDEND | 26.91 | 1B |
| | 09-17 | RECLASS-RETURN OF CAPITAL | 4.09 | 1D |
| SARA LEE CORP | 04-01 | DIVIDEND | 19.00 | 1B |
| 803111-10-3 | | | | |
| SCIENTIFIC ATLANTA INC | 03-20 | DIVIDEND | 3.00 | 1B |
| 808655-10-4 | | | | |

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-DIV, OMB NO. 1545-0110

| | | |
|---|---|---|
| GROSS DIVIDENDS & OTHER DISTRIBUTIONS ON STOCK(TOTAL OF 1B,1C,1D & 1E) | 937.69 | 1A |
| ORDINARY DIVIDENDS | 815.18 | 1B |
| CAPITAL GAIN DISTRIBUTIONS | 69.02 | 1C |
| NONTAXABLE DISTRIBUTIONS | 23.61 | 1D |
| INVESTMENT EXPENSES | 30.48 | 1E |

| Year | Account No | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 4 OF 12 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 03/20/97

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Member New York Stock Exchange, Inc. and SIPC

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### INTEREST INCOME (1996 FORM 1099-INT, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | AMOUNT | BOX # |
|---|---|---|---|---|
| MORTGAGE SECURITIES TR | 01-22 | INTEREST | 27.40 | 1 |
| CMO SER 15 INTERMEDIATE | 02-21 | INTEREST | 27.35 | 1 |
| PORTFOLIO UNIT MONTHLY | 03-20 | INTEREST | 27.30 | 1 |
| 618981-37-5 | 04-22 | INTEREST | 27.40 | 1 |
| | 05-20 | INTEREST | 27.25 | 1 |
| | 06-20 | INTEREST | 27.25 | 1 |
| | 07-22 | INTEREST | 27.25 | 1 |
| | 08-20 | INTEREST | 27.45 | 1 |
| | 09-20 | INTEREST | 27.30 | 1 |
| | 10-21 | INTEREST | 27.30 | 1 |
| | 11-20 | INTEREST | 27.30 | 1 |
| | 12-20 | INTEREST | 27.45 | 1 |
| VAN KAMPEN MERRITT | 03-25 | INTEREST | 17.77 | 1 |
| BRAND NAME EQUITY | 06-25 | INTEREST | 35.43 | 1 |
| TRUST UNIT 1 QUARTERLY | 09-25 | INTEREST | 31.73 | 1 |
| 92112X-13-3 | 12-26 | INTEREST | 33.93 | 1 |
| | 12-30 | INTEREST | 7.33 | 1 |
| FNMA 92 11E | 01-24 | ACCRUED INTEREST | 15.48 | 1 |
| MULTICLASS CMO | 02-24 | ACCRUED INTEREST | 19.99 | 1 |
| CPN 8.000% DUE 12/25/21 | 03-24 | ACCRUED INTEREST | 19.99 | 1 |
| DTD 1/01/92 FC 2/25/92 | 04-24 | ACCRUED INTEREST | 19.99 | 1 |
| 31358L-BZ-8 | 05-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 06-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 07-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 08-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 09-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 10-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 11-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 12-24 | ACCRUED INTEREST | 19.99 | 1 |
| | 12-31 | ACCRUED INTEREST | 4.51 | 1 |

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-INT, OMB NO. 1545-0112

INTEREST INCOME..... 694.07 1

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 5 OF 12 |

WHEAT FIRST BUTCHER SINGER

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ISSUE DATE: 03/20/97

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### ORIGINAL ISSUE DISCOUNT (1996 FORM 1099-OID, COPY B "FOR RECIPIENT")

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | AMOUNT | BOX # |
|---|---|---|---|---|---|
| CERT ACCRUAL SER M 11/02 TREAS SECS INT PMT DUE 11/15/02 156884-MW-5 | 12-31 | ORIGINAL ISSUE DISCOUNT | 5,000.000 | 280.00 | 1 |
| FNMA 91 6ZD PAC | 01-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 28.27 | 1 |
| 9% COMPOUNDED RATE | 02-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 36.54 | 1 |
| MULTICLASS CMO | 03-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 37.49 | 1 |
| CPN 0.000% DUE 1/25/21 | 04-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 37.30 | 1 |
| DTD 1/01/91 FC 2/25/91 | 05-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 39.77 | 1 |
| 31358F-ZB-8 | 06-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 37.75 | 1 |
| | 07-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 37.93 | 1 |
| | 08-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 37.88 | 1 |
| | 09-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 38.40 | 1 |
| | 10-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 39.16 | 1 |
| | 11-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 39.06 | 1 |
| | 12-24 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 39.18 | 1 |
| | 12-31 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 9.12 | 1 |
| FICO STRIP SR 1 05/11/01 INTEREST PMT DUE 5/11/01 DTD 5/18/88 31771C-BB-0 | 12-31 | ORIGINAL ISSUE DISCOUNT | 5,000.000 | 297.30 | 1 |
| FICO STRIP SR 16 10/5/02 INTEREST PMT DUE 10/05/02 31771D-BC-6 | 12-31 | ORIGINAL ISSUE DISCOUNT | 10,000.000 | 512.30 | 1 |
| MORGAN STANLEY 87 K3 | 03-19 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 55.75 | 1 |
| MULTICLASS CMO | 06-19 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 63.49 | 1 |
| CPN 8.425% DUE 9/20/18 | 09-19 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 63.42 | 1 |
| DTD 5/20/87 FC 9/20/87 | 12-19 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 57.87 | 1 |
| 617909-AD-8 | 12-31 | ORIGINAL ISSUE DISCOUNT | 3,000.000 | 6.66 | 1 |

| Year | Account No | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 6 OF 12 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
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25801-4611

ISSUE DATE: 03/20/97

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ORIGINAL ISSUE DISCOUNT
(1996 FORM 1099-OID, CONTINUED)

| | AMOUNT | BOX # |
|---|---|---|
| TOTAL(S) FOR TAX YEAR 1996, FORM 1099-OID, OMB NO. 1545-0117 | | |
| ORIGINAL ISSUE DISCOUNT FOR 1996*..... | 1,794.63 | 1 |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 7 OF 12 |

WHEAT FIRST BUTCHER SINGER

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ISSUE DATE: 03/20/97

18 - p.8

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PAYER'S FEDERAL IDENTIFICATION NUMBER
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NICK JOE RAHALL II SEP IRA
WFS AS CUSTODIAN
U/A DTD 12/17/86
216 1/2 MAIN ST
BECKLEY WV 25801-4613

WHEAT FIRST BUTCHER SINGER

YOUR FINANCIAL CONSULTANT:
EDWARD G RAHALL
(304) 252-6221

| Account No. | Recipient's ID No. | Page |
|---|---|---|
| BK08 6539-9300 | 236-78-8645 | 1 |

ISSUE DATE: 01/24/97

**IRA PORTFOLIO HOLDING VALUATION**
**AS OF DECEMBER 31, 1996**

| SECURITY DESCRIPTION | QUANTITY | MARKET PRICE | FACTOR | MARKET VALUE |
|---|---|---|---|---|
| PROSPECT STREET HIGH INCOME PORTFOLIO INC | 1,291.67600 | 3.8750 | | 5,005.24 |
| FICO STRIP SR 2 11/30/08 INTEREST PMT DUE 11/30/08 DTD 6/21/89 | 15,000.00000 | 43.4406 | | 6,516.09 |
| FICO STRIP SR 5 02/08/10 INTEREST PMT DUE 2/08/10 | 15,000.00000 | 39.8817 | | 5,982.26 |
| FICO STRIP 1 5/11/12 INTEREST PMT DUE 5/11/12 DTD 5/18/88 | 20,000.00000 | 33.5812 | | 6,716.24 |
| FICO STRIP SR 1 11/11/11 INTEREST PMT DUE 11/11/11 DTD 5/18/88 | 20,000.00000 | 34.8506 | | 6,970.12 |
| US TREAS STRIPS 08/13 INTEREST PMT DUE 8/15/13 PRE 04/04/04 @ | 35,000.00000 | 32.5960 | | 11,408.60 |
| CRT GOVERNMENT SECS PORTFOLIO | 8.71000 | 1.0000 | | 8.71 |
| PORTFOLIO HELD ON WFS PREMISES : | | | | $42,607.26 |
| TOTAL IRA PORTFOLIO VALUATION : | | | | $42,607.26 |

YOUR YEAR-END VALUE IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
(PLEASE SEE THE REVERSE SIDE OF THIS DOCUMENT FOR ADDITIONAL INFORMATION)
Member New York Stock Exchange, Inc. and SIPC

Attachment 19 - p.1

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GROSS PROCEEDS ON SALES LESS COMMISSIONS AND OPTION PREMIUMS ARE REPORTED TO THE IRS.

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, COPY B "FOR RECIPIENT")

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| BOSTON SCIENTIFIC CORP 101137-10-7 | 06-24 | SOLD | 100.000 | 41.00 | 4,015.44 | 2 |
| CYCARE SYSTEMS INC 232902-10-6 | 02-12 | SOLD | 100.000 | 30.25 | 2,954.04 | 2 |
| LSI LOGIC CORP 502161-10-2 | 01-25 | SOLD | 100.000 | 28.875 | 2,818.29 | 2 |
| | 03-15 | SOLD | 200.000 | 28.25 | 5,537.73 | 2 |
| METROMEDIA INTL GROUP 591695-10-1 | 02-07 | SOLD | 300.000 | 13.625 | 3,981.76 | 2 |
| MICROS SYSTEMS INC 594901-10-0 | 04-18 | SOLD | 300.000 | 21.75 | 6,404.03 | 2 |
| PHYCOR INC 71940F-10-0 | 07-18 | SOLD | 100.000 | 32.8125 | 3,207.17 | 2 |
| | 11-06 | SOLD | 300.000 | 32.25 | 9,509.78 | 2 |
| QUALCOMM INC 747525-10-3 | 04-18 | SOLD | 200.000 | 32.125 | 6,311.58 | 2 |
| | 06-28 | SOLD | 100.000 | 51.75 | 5,090.18 | 2 |
| | 08-02 | SOLD | 100.000 | 46.125 | 4,527.68 | 2 |
| | 10-29 | SOLD | 100.000 | 37.375 | 3,657.66 | 2 |
| SOLECTRON CORP 834182-10-7 | 06-28 | SOLD | 100.000 | 38.25 | 3,753.44 | 2 |
| | 07-18 | SOLD | 100.000 | 34.625 | 3,408.47 | 2 |
| THERMO ELECTRON CORP 883556-10-2 | 08-15 | SOLD | 100.000 | 40.25 | 3,951.21 | 2 |
| TURNER BROADCASTING SYS CLASS A 900262-40-3 | 02-23 | SOLD | 300.000 | 28.50 | 8,397.41 | 2 |
| UUNET TECHNOLOGIES INC 918096-10-8 | 04-02 | SOLD | 100.000 | 27.75 | 2,711.29 | 2 |
| VLSI TECHNOLOGY INC 918270-10-9 | 11-22 | SOLD | 100.000 | 23.25 | 2,278.87 | 2 |
| VERIFONE INC 923429-10-4 | 02-01 | SOLD | 100.000 | 37.50 | 3,669.87 | 2 |
| | 11-05 | SOLD | 300.000 | 34.625 | 10,224.58 | 2 |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 2 OF 8 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II
216 1/2 MAIN ST
BECKLEY WV
25801-4613

ISSUE DATE: 01/19/97

Attachment 20 - p.1

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PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, CONTINUED)

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| OAK RIDGE TENN INDL DEV BRD MTG REV FHA INSRD BRITISH WOODS APT DY-10% CPN 0.000% DUE 6/01/25 DTD 6/26/85 FC 12/01/10 CALL 6/01/00 @ 38.818 67180E-AY-6 | 07-10 | SOLD | 35,000.000 | 26.00 | 9,095.50 | 2 |
| WEST VIRGINIA ST HOUSING DEV FUND SGLE FAM MTG REV DY-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 956630-BS-5 | 01-02 | REDEMPTION | 5,000.000 | | 653.70 | 2 |
| | 04-15 | REDEMPTION | 5,000.000 | | 674.67 | 2 |

TOTAL(S) FOR TAX YEAR 1996, FORM 1099-B, OMB NO. 1545-0715

STOCKS, BONDS, ETC.(GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS) 106,826.35 2

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 3 OF 8 |

WHEAT FIRST BUTCHER SINGER

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BECKLEY WV
25801-4613

ISSUE DATE: 01/19/97

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Member New York Stock Exchange Inc. and SIPC

**Wheat, First Securities, Inc.**
901 EAST BYRD STREET, RICHMOND, VIRGINIA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

IF THERE ARE NO OTHER STATEMENTS ENCLOSED (LABELED 1099-B, 1099-DIV, 1099-INT, 1099-OID, OR 1099-MISC), OUR RECORDS REFLECT NO IRS-REPORTABLE ACTIVITY FOR YOUR ACCOUNT FOR 1996. THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY. PLEASE CONSULT YOUR TAX ADVISOR AS TO YOUR INDIVIDUAL REPORTING REQUIREMENTS.

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NON-REPORTABLE ACTIVITY (FOR INFORMATIONAL PURPOSES ONLY)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| BOSTON SCIENTIFIC CORP 101137-10-7 | 06-20 | BOUGHT | 100.000 | 38.50 | 3,936.05 DB |
| CYCARE SYSTEMS INC 232902-10-6 | 01-29 | BOUGHT | 100.000 | 28.125 | 2,884.67 DB |
| LSI LOGIC CORP 502161-10-2 | 01-23 | BOUGHT | 100.000 | 25.875 | 2,664.35 DB |
| | 02-29 | BOUGHT | 100.000 | 28.00 | 2,872.01 DB |
| | 03-01 | BOUGHT | 100.000 | 25.50 | 2,626.29 DB |
| METROMEDIA INTL GROUP 591695-10-1 | 01-25 | BOUGHT | 300.000 | 12.625 | 3,889.31 DB |
| MICROS SYSTEMS INC 594901-10-8 | 03-25 | BOUGHT | 100.000 | 26.50 | 2,719.15 DB |
| | 03-25 | BOUGHT | 100.000 | 28.75 | 2,944.15 DB |
| | 04-10 | BOUGHT | 100.000 | 22.00 | 2,269.65 DB |
| PHYCOR INC 71940F-10-0 | 07-16 | BOUGHT | 100.000 | 28.625 | 2,935.34 DB |
| | 10-22 | BOUGHT | 100.000 | 33.50 | 3,429.36 DB |
| | 10-28 | BOUGHT | 100.000 | 30.75 | 3,159.09 DB |
| | 10-29 | BOUGHT | 100.000 | 27.25 | 2,796.00 DB |
| QUALCOMM INC 747525-10-3 | 04-02 | BOUGHT | 100.000 | 39.75 | 4,072.46 DB |
| | 04-16 | BOUGHT | 100.000 | 32.00 | 3,285.95 DB |
| | 06-20 | BOUGHT | 100.000 | 48.25 | 4,915.12 DB |
| | 07-12 | BOUGHT | 100.000 | 44.875 | 4,592.58 DB |
| | 10-22 | BOUGHT | 100.000 | 36.375 | 3,722.55 DB |
| SOLECTRON CORP 834182-10-7 | 06-10 | BOUGHT | 200.000 | 38.75 | 7,910.04 DB |
| THERMO ELECTRON CORP 883556-10-2 | 08-07 | BOUGHT | 100.000 | 38.50 | 3,937.96 DB |
| UUNET TECHNOLOGIES INC 918096-10-8 | 02-28 | BOUGHT | 100.000 | 28.75 | 2,956.12 DB |
| VLSI TECHNOLOGY INC 918270-10-9 | 11-21 | BOUGHT | 100.000 | 25.00 | 2,568.00 DB |
| VERIFONE INC 923429-10-4 | 01-29 | BOUGHT | 100.000 | 34.375 | 3,518.03 DB |
| | 10-17 | BOUGHT | 100.000 | 32.25 | 3,288.14 DB |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 5 OF 8 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II
216 1/2 MAIN ST
BECKLEY WV
25801-4613

ISSUE DATE: 01/19/97

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## NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| VERIFONE INC<br>923429-10-4 | 10-17<br>12-12 | BOUGHT<br>BOUGHT | 200.000<br>200.000 | 33.625<br>32.625 | 6,851.29 DB<br>6,662.39 DB |
| CHESAPEAKE L P<br>3886-25-8 | 06-27 | BOUGHT | 25,000.000 | 1.00 | 25,000.00 DB |
| ALABAMA SPL CARE FAC FIN<br>ATH MNTGMERY MTG REV FHA<br>NO PERIODIC INT OY=9.75%<br>CPN 0.000% DUE 4/01/06<br>DTD 6/01/83<br>CALL 4/01/97 @ 42.876<br>010403-BX-0 | 12-31 | ORIGINAL ISSUE DISCOUNT | 50,000.000 | | 1,886.50<br>fed+tax exempt |
| BERKELEY CNTY W VA BLDG<br>COMM HOSP REV CITY HOSP<br>PROJ RFDG OY=6.1%<br>CPN 6.000% DUE 11/01/01<br>DTD 9/15/92 FC 5/01/93<br>084243-AX-2 | 05-01<br>11-01 | INTEREST<br>INTEREST | | state+fed tax exempt | 750.00<br>750.00 |
| KANAWHA PUTNAM CNTY<br>HUNTINGTON CHARLESTON WV<br>S/F MTG 84A OY=11.5%<br>CPN 0.000% DUE 12/01/16<br>DTD 9/19/84<br>483686-BF-7 | 01-15<br>05-23 | BOUGHT<br>BOUGHT | 50,000.000<br>25,000.000 | 31.256<br>30.937<br>state + fed t.e. | 15,632.50 DB<br>7,738.75 DB |
| NC EDUC FACS FIN AGY<br>DUKE UNIV PROJ REV 88A<br>OY=6.9% NO PER INTEREST<br>CPN 0.000% DUE 10/01/00<br>DTD 3/02/88<br>CALL 10/01/98 @ 91.677<br>657903-AL-4 | 12-31 | ORIGINAL ISSUE DISCOUNT | 30,000.000 | fed t.e. | 776.40 |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 6 OF 8 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II
216 1/2 MAIN ST
BECKLEY WV
25801-4613

ISSUE DATE: 01/19/97

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NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| OAK RIDGE TENN INDL DEV BRD MTG REV FHA INSRD BRITISH WOODS APT DY=10% CPN 0.000% DUE 6/01/25 DTD 6/26/85 FC 12/01/10 CALL 6/01/00 @ 38.818 67180E-AY-6 | 07-14 | ORIGINAL ISSUE DISCOUNT | 35,000.000 | | 106.97 |
| | | | | Fed t.e. | |
| TAMPA FLA WTR & SWR REV CPN 0.000% DUE 10/01/05 DTD 5/01/82 875290-BN-7 | 12-31 | ORIGINAL ISSUE DISCOUNT | 30,000.000 | | 1,153.20 |
| | | | | Fed t.e. | |
| WEST VA ECON DEV AUTH RESIDNTL CARE FAC REV BD (EDGEWOOD SUMMIT) SER 93 CPN 6.500% DUE 11/01/13 DTD 10/15/93 FC 5/01/94 CALL 11/01/03 @ 102.000 956486-AJ-3 | 05-30 | ACCRUED INTEREST PAID | | | 148.96 DB |
| | 05-30 | BOUGHT | 25,000.000 | 99.693 | 24,927.75 DB |
| | 11-01 | INTEREST | | | 812.50 |
| | | | | State + fed t.e. | |
| WEST VIRGINIA ST HOUSING DEV FUND SGLE FAM MTG REV DY-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 956630-BS-5 | 12-31 | ORIGINAL ISSUE DISCOUNT | 5,000.000 | | 94.75 |
| | | | | Income (State + fed t.e.) | |
| CALL CONRAIL INC $95 EXP 01/18/97 4172-86-5 | 12-23 | BOUGHT | 2.000 | 5.75 | 1,207.00 DB |
| PUT S & P 100 INDEX $715 EXP 12/21/96 4720-89-2 | 11-15 | BOUGHT | 2.000 | 11.75 | 2,419.62 DB |
| | 11-18 | SOLD | 2.000 | 13.00 | 2,531.00 |
| | 11-19 | BOUGHT | 2.000 | 11.50 | 2,368.86 DB |
| | 12-02 | SOLD | 2.000 | 5.25 | 999.96 |
| PUT S & P 100 INDEX $710 EXP 12/21/96 4720-93-2 | 11-14 | BOUGHT | 2.000 | 10.375 | 2,147.69 DB |
| | 11-15 | BOUGHT | 2.000 | 8.875 | 1,825.70 DB |
| | 11-15 | SOLD | 4.000 | 10.00 | 3,914.99 |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 7 OF 8 |

WHEAT FIRST BUTCHER SINGER

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ISSUE DATE: 01/19/97

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NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| PUT S & P 100 INDEX | 02-22 | BOUGHT | 3.000 | 8.50 | 2,620.65 DB |
| $630 EXP 03/16/96 | 02-23 | SOLD | 3.000 | 8.50 | 2,479.26 |
| 4721-02-3 | | | | | |
| PUT S & P 100 INDEX | 01-19 | BOUGHT | 2.000 | 5.875 | 1,232.42 DB |
| $580 EXP 02/17/96 | 01-24 | BOUGHT | 8.000 | 2.9375 | 2,455.69 DB |
| 4721-02-5 | 01-25 | SOLD | 4.000 | 3.00 | 1,149.96 |
| | 01-30 | SOLD | 6.000 | 1.0625 | 587.47 |
| CALL S & P 100 INDEX | 05-08 | BOUGHT | 2.000 | 9.375 | 1,944.30 DB |
| $605 EXP 05/18/96 | 05-08 | SOLD | 2.000 | 13.50 | 2,617.67 |
| 4721-03-5 | | | | | |
| PUT S & P 100 INDEX | 05-21 | BOUGHT | 3.000 | 9.625 | 2,965.93 DB |
| $650 EXP 06/22/96 | 05-22 | SOLD | 3.000 | 10.25 | 3,024.89 |
| 4721-04-6 | | | | | |
| PUT S & P 100 INDEX | 02-12 | BOUGHT | 3.000 | 4.75 | 1,480.00 DB |
| $635 EXP 02/17/96 | 02-12 | SOLD | 3.000 | 4.50 | 1,294.95 |
| 4721-08-8 | | | | | |
| CALL S & P 100 INDEX | 04-17 | BOUGHT | 5.000 | 3.375 | 1,763.67 DB |
| $620 EXP 04/20/96 | 04-18 | SOLD | 5.000 | 3.25 | 1,574.94 |
| 4721-10-9 | | | | | |
| PUT S & P 100 INDEX | 04-16 | BOUGHT | 5.000 | 3.625 | 1,895.06 DB |
| $625 EXP 04/20/96 | 04-16 | SOLD | 5.000 | 4.50 | 2,165.64 |
| 4721-11-4 | | | | | |

TOTAL(S) FOR TAX YEAR 1996, NON-REPORTABLE

| | |
|---|---|
| OPTIONS BOUGHT | 26,326.59 DB |
| OPTIONS SOLD | 22,340.73 |
| TAX-EXEMPT INTEREST | 6,330.32 |
| ACCRUED INTEREST PAID | 148.96 DB |
| SECURITIES BOUGHT | 170,705.05 DB |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6539-9650 | 236-78-8645 | 8 OF 8 |

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ISSUE DATE: 01/19/97

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Member New York Stock Exchange, Inc. and SIPC

SMITH BARNEY

A Member of Travelers Group



Ref: 00006509 00040439

# Select Client Statement Forms 1099 for 1996

CONGRESSMAN NICK JOE RAHALL II

Account Number 685-03503-12 291 SS # 236-78-8645

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.*

## 1099-B Proceeds from Broker and Barter Exchange Transactions 1996

(OMB#1545-0715)

*Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income"*

| Reference number | Trade date (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 5) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120000200 | 05/22/96 | 219350105000 | 600 | CORNING INC | $ 39.125 | $ 23,169.00 | |
| 120000400 | 12/05/96 | 45245A107000 | 60 | IMATION CORP | 30.375 | 1,772.43 | |
| 120000500 | 05/22/96 | 459200101000 | 100 | INTL BUSINESS MACHINES CORP | 110.25 | 10,947.28 | |
| 120000600 | 05/22/96 | 524908100000 | 20 | LEHMAN BROTHERS HOLDINGS INC | 24.875 | 447.48 | |
| **Totals** | | | | | | **$ 36,336.19** | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number 642 108600 AE 022

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Additional Information |
|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | |
| 34 | STORAGE TECHNOLOGY CORP NEW | 47 7/8 | 1,627.75 | 1.4% | 0 | 0.00% | |
| 42 | SYBRON INTL CP WISC | 33 | 1,386.00 | 1.2% | 0 | 0.00% | |
| 15 | TAIYO YUDEN CO LTD UNSP ADR | 55 3/4 | 836.25 | 0.7% | 3 | .39% | |
| 33 | TDK CP ADR NEW | 65 3/4 | 2,169.75 | 1.8% | 13 | .63% | ..... Next Dividend Payable 05/97 |
| 13 | TECHNOMATIX TECH LTD ORD | 26 1/2 | 344.50 | 0.3% | 0 | 0.00% | |
| 5 | TELECOM CP NZ LTD ADS | 81 | 405.00 | 0.3% | 20 | 5.00% | ..... Next Dividend Payable 03/97 |
| 59 | TELEDATA COMMUNICATIONS ORD | 23 | 1,357.00 | 1.2% | 0 | 0.00% | |
| 13 | TELEFONICA DE ARGENTINA S.A. | 25 7/8 | 336.37 | 0.3% | 13 | 3.97% | ..... Next Dividend Payable 06/97 |
| 12 | TELEFONICA DE ESPANA SA ADR | 69 1/4 | 831.00 | 0.7% | 16 | 2.00% | |
| 105 | TOMRA SYS A/S ADR NEW | 15 1/2 | 1,627.50 | 1.4% | 3 | .19% | |
| 59 | TUBOS DE ACERO NEW ADR | 15 7/8 | 936.62 | 0.8% | 0 | 0.00% | |
| 48 | UTD ASSET MANAGEMENT | 26 5/8 | 1,278.00 | 1.1% | 32 | 2.55% | ..... Next Dividend Payable 01/15/97 |
| 14 | VINA CONCHA Y TORO S.A. ADS | 23 1/2 | 329.00 | 0.3% | 5 | 1.56% | ..... Next Dividend Payable 01/07/97 |
| 15 | VOLKSHAGEN AG SPON ADR | 83 | 1,245.00 | 1.1% | 8 | .68% | ..... Next Dividend Payable 06/97 |
| 23 | WESTERN AREAS GOLD MNG LTD ADR | 13 3/4 | 316.25 | 0.3% | 0 | 0.00% | |
| 49 | WESTERN DIGITAL CORPORATION | 56 7/8 | 2,786.87 | 2.4% | 0 | 0.00% | |
| 24 | WESTPAC BANKING SPONS ADR | 28 1/2 | 684.00 | 0.6% | 30 | 4.51% | ..... Next Dividend Payable 02/06/97 |
| 56 | WOOLWORTH CORP | 22 | 1,232.00 | 1.0% | 0 | 0.00% | |
| 35 | WPP GROUP PLC ADR NEW | 42 7/8 | 1,500.62 | 1.3% | 8 | .55% | |
| **Total Stocks/Options** | | | $111,742.39 | 95.3% | $831 | .74% | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| **Total Asset Value** | 117,368.95 | $1,116 |

## 1996 ACTIVITY DETAILS

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 05-10 | Bought | 64 | ABACAN RESOURCE CORP | 5.3750 | 344.00 | |
| | 10-29 | Sold | 33 | ABACAN RESOURCE CORP | 7.5203 | 248.17 | |
| | 08-09 | Bought | 38 | ACCUSTAFF INC | 31 | 1,178.00 | |
| | 09-05 | Sold | 38 | ACCUSTAFF INC | 23.0959 | 877.64 | |
| | 09-09 | Sold | 26 | ADAPTEC INC | 48.5838 | 1,263.18 | |
| | 04-26 | Sold | 19 | ALTERA CP | 50.3300 | 956.27 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 03-01 | Bought | 22 | AMERICA ONLINE INC | 50.8750 | 1,119.25 | |
| 07-30 | Sold | 22 | AMERICA ONLINE INC | 26.9680 | 593.30 | |
| 01-18 | Sold | 38 | AMERICAN FINANCIAL GROUP INC | 31.2500 | 1,187.46 | |
| 03-12 | Bought | 62 | AMWAY JPN LTD SPON ADR | 22.5700 | 1,399.34 | |
| 03-08 | Sold | 34 | ASARCO INC | 31.3930 | 1,067.32 | |
| 01-30 | Bought | 25 | ASCEND COMMUNICATIONS INC | 43.4020 | 1,085.05 | |
| 11-27 | Bought | 18 | ASM LITHOGRAPHY HLDG NV ORD | 46.1327 | 830.39 | |
| 04-18 | Bought | 12 | BAAN COMPANY NV | 56.5480 | 678.58 | |
| 05-29 | Stock Dividend | 12 | BAAN COMPANY NV | | | |
| 09-05 | Bought | 15 | BAAN COMPANY NV | 32.1568 | 482.35 | |
| 01-02 | Bought | 20 | BANCO DE SANTANDER ADR | 49.5930 | 991.86 | |
| 03-29 | Sold | 20 | BANCO DE SANTANDER ADR | 46.5000 | 929.96 | |
| 02-13 | Bought | 19 | BANCO FRANCES AM DEP SH (ADS) | 28.9470 | 549.99 | |
| 07-16 | Sold | 19 | BANCO FRANCES AM DEP SH (ADS) | 27.1320 | 515.49 | |
| 07-24 | Sold | 11 | BANCO LATINOAMERICANO CLASS E | 53.1250 | 584.36 | |
| 07-02 | Bought | 10 | BANK FUKUOKA LTD ADR | 89 | 890.00 | |
| 09-18 | Sold | 10 | BANK FUKUOKA LTD ADR | 74.2618 | 742.62 | |
| 05-31 | Stock Dividend | 3 | BANK OF TOKYO-MITSUBISHI LTD | | | |
| 07-22 | Sold | 49 | BANK OF TOKYO-MITSUBISHI LTD | 21 | 1,448.95 | |
| 10-22 | Bought | 32 | BASF AG NEW ADR | 32 | 1,024.00 | |
| 11-12 | Bought | 9 | BASF AG NEW ADR | 34 | 306.00 | |
| 01-23 | Sold | 53 | BEAR STEARNS COMPANIES INC | 19.7940 | 1,049.04 | |
| 01-31 | Bought | 29 | BED BATH & BEYOND INC | 39.3120 | 1,140.05 | |
| 04-30 | Stock Dividend | 29 | BED BATH & BEYOND INC | | | |
| 03-08 | Sold | 41 | BENETTON GRP SPA ADR NEW | 24.0830 | 987.36 | |
| 04-24 | Sold | 43 | BOST SCIENTIFIC CORP | 42.5720 | 1,830.53 | |
| 01-29 | Sold | 21 | BOWATER INCORPORATED | 33.6420 | 706.45 | |
| 10-09 | Sold | 3 | BRIDGESTONE CP ADR | 174 | 522.00 | |
| 10-18 | Bought | 5 | BRITISH AIRWAYS FINL INST ADR | 93.6368 | 468.18 | |
| 03-13 | Bought | 10 | BRITISH BIO-TECH GP PLC ADR | 71 | 710.00 | |
| 08-02 | Stock Dividend | 10 | BRITISH BIO-TECH GP PLC ADR | | | |
| 10-21 | Sold | 20 | BRITISH BIO-TECH GP PLC ADR | 32 | 640.00 | |
| 07-30 | Bought | 27 | BUSINESS OBJ IC SPONS ADR | 23.9720 | 647.24 | |
| 09-27 | Sold | 27 | BUSINESS OBJ IC SPONS ADR | 17 | 459.00 | |
| 04-02 | Sold | 40 | C S HLDG SPON ADR | 22.6440 | 905.76 | |
| 07-05 | Bought | 28 | C S HLDG SPON ADR | 25.3750 | 710.50 | |
| 08-08 | Sold | 28 | C S HLDG SPON ADR | 27 | 756.00 | |
| 05-29 | Bought | 25 | C-CUBE MICROSYSTEMS INC | 49.5000 | 1,237.50 | |
| 07-31 | Sold | 25 | C-CUBE MICROSYSTEMS INC | 24.7500 | 618.75 | |
| 05-28 | Bought | 11 | CASCADE COMMUNICATION CORP | 114.5011 | 1,259.51 | TRADE CARRIES STOCK DISTRIB. |
| 05-30 | Stock Dividend | 11 | CASCADE COMMUNICATION CORP | | | |
| 12-28 | Stock Dividend | 10 | CASTLE & COOKE INC | | | DISTRIBUTION FROM DOL |
| 02-01 | Sold | 10 | CASTLE & COOKE INC | 12.3750 | 123.74 | |
| 10-09 | Bought | 23 | CATALINA MARKETING CORP | 53.1478 | 1,222.40 | |
| 08-13 | Bought | 42 | CEMEX/TOLMEX S.A D.E SP ADR | 7.7500 | 325.50 | |
| 10-23 | Sold | 42 | CEMEX/TOLMEX S.A D.E SP ADR | 8 | 336.00 | |

2850

DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 05-28 | Bought | 18 | CHESAPEAKE ENERGY CORP | 70.1880 | 1,263.38 | |
| | 06-28 | Stock Dividend | 9 | CHESAPEAKE ENERGY CORP | | | |
| | 12-23 | Tender | 24 | CIBA GEIGY AG SPON ADR | | | EXCHANGE |
| | 05-22 | Sold | 250 | CITY DEV LTD SPON ADR | 7.4370 | 1,859.25 | |
| | 10-11 | Bought | 14 | COCA COLA FEMSA S.A. ADR | 24.2500 | 339.50 | |
| | 11-05 | Sold | 14 | COCA COLA FEMSA S.A. ADR | 23.4390 | 328.13 | |
| | 05-17 | Bought | 38 | COFLEXIP SPONSORED ADR | 18.3750 | 698.25 | |
| | 10-22 | Bought | 21 | COGNOS INC | 32.2500 | 677.25 | |
| | 12-16 | Sold | 12 | COGNOS INC | 30.2500 | 363.00 | |
| | 01-23 | Bought | 56 | COMAIR HOLDINGS | 22.2310 | 1,244.94 | |
| | 05-17 | Stock Dividend | 28 | COMAIR HOLDINGS | | | |
| | 12-31 | Received | 21 | COMPANIA DE TELE DE CHIL NEW | | | EXCHANGE |
| | 12-31 | Tender | 5 | COMPANIA DE TELE DE CHILE OLD | | | EXCHANGE |
| | 07-31 | Bought | 28 | COMPUWARE CORP | 40 | 1,120.00 | |
| | 01-18 | Stock Dividend | 16 | CONCORD EFS INC | | | |
| | 01-19 | Bought | 33 | CONCORD EFS INC | 31.7440 | 1,047.55 | TRADE CARRIES STOCK DISTRIB. |
| | 06-28 | Stock Dividend | 24 | CONCORD EFS INC | | | |
| | 09-06 | Bought | 28 | CONSECO INC | 41.0471 | 1,149.32 | |
| | 09-16 | Bought | 44 | CONTL AG SPONS ADR | 17.2500 | 759.00 | |
| | 05-28 | Bought | 52 | CORE LABORATORIES N V | 16 | 832.00 | |
| | 09-03 | Bought | 52 | DAIBIRU CORP ADR | 27.5342 | 1,431.78 | |
| | 10-29 | Sold | 18 | DAIBIRU CORP ADR | 22.8906 | 412.03 | |
| | 11-13 | Sold | 34 | DAIBIRU CORP ADR | 22.3186 | 758.83 | |
| | 05-24 | Bought | 21 | DAIMLERBENZ AKTIENGESELLSCHAFT | 54.5000 | 1,144.50 | |
| | 09-05 | Bought | 5 | DAIMLERBENZ AKTIENGESELLSCHAFT | 54.2673 | 271.34 | |
| | 08-01 | Sold | 40 | DANKA BUSINESS SYST ADR | 28.2760 | 1,131.04 | |
| | 04-25 | Bought | 6 | DEUTSCHE LUFTHANSA AG ADR | 170 | 1,020.00 | |
| | 06-10 | Sold | 6 | DEUTSCHE LUFTHANSA AG ADR | 151.2211 | 907.33 | |
| | 11-13 | Sold | 19 | DIXONS GRP PLC ADR | 27.1500 | 515.85 | |
| | 12-24 | Sold | 30 | DIXONS GRP PLC ADR | 26.7500 | 802.50 | |
| | 02-21 | Sold | 30 | DOLE FOOD CO INC | 39.7500 | 1,192.46 | |
| | 11-26 | Bought | 19 | DRECO ENERGY SVC A | 36.5000 | 693.50 | |
| | 12-16 | Bought | 10 | DRECO ENERGY SVC A | 42.2500 | 422.50 | |
| | 10-07 | Bought | 21 | DSP COMMUNICATION INC | 58.1090 | 1,220.29 | |
| | 12-02 | Stock Dividend | 21 | DSP COMMUNICATION INC | | | |
| | 03-21 | Sold | 20 | EASTMAN CHEMICAL COMPANY | 71.7560 | 1,435.07 | |
| | 03-22 | Sold | 10 | EBARA CORP ADR | 142.5000 | 1,425.00 | |
| | 05-29 | Bought | 35 | EL PASO NATURAL GAS COM NEW | 37.1250 | 1,299.38 | |
| | 07-22 | Sold | 35 | EL PASO NATURAL GAS COM NEW | 40.6250 | 1,421.83 | |
| | 03-26 | Bought | 17 | ELAN PLC ADR | 62.7500 | 1,066.75 | |
| | 08-22 | Stock Dividend | 17 | ELAN PLC ADR | | | |
| | 10-08 | Sold | 34 | ELAN PLC ADR | 29.5570 | 1,004.90 | |
| | 03-11 | Bought | 25 | ENI SPA AMER DEP RCPT | 38.3510 | 958.78 | |
| | 10-15 | Bought | 28 | ENTERPR OIL PLC SPON ADR ORD | 27.6441 | 774.03 | |
| | 10-29 | Bought | 12 | ENTERPR OIL PLC SPON ADR ORD | 27.3750 | 328.50 | |
| | 04-24 | Sold | 52 | ERICSSON LM TEL ADR B SEK 10 | 19.5550 | 1,016.86 | |

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DEAN WITTER REYNOLDS INC.

## 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #/1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 09-23 | Bought | 26 | ERICSSON LM TEL ADR B SEK 10 | 25.1250 | 653.25 | |
| | 06-19 | Bought | 58 | FLAMEL TECH SA ADR | 12 1/8 | 703.25 | |
| | 11-07 | Sold | 20 | FLAMEL TECH SA ADR | 6 | 120.00 | |
| | 11-22 | Sold | 38 | FLAMEL TECH SA ADR | 5.6250 | 213.75 | |
| | 08-01 | Bought | 38 | FLEETWOOD ENTERPRISES | 29.7500 | 1,130.50 | |
| | 10-07 | Bought | 13 | FRESENIUS MEDICAL CARE AG | 25.4450 | 330.79 | |
| | 10-10 | Bought | 14 | FRESENIUS MEDICAL CARE AG | 25.5000 | 357.00 | |
| | 11-12 | Bought | 10 | FRESENIUS MEDICAL CARE AG | 30.5000 | 305.00 | |
| | 05-28 | Bought | 24 | FUJI PHOTO ADR NEW | 63.6250 | 1,527.00 | |
| | 06-03 | Stock Dividend | 24 | FUJI PHOTO ADR NEW | | | |
| | 10-09 | Sold | 15 | FUJI PHOTO ADR NEW | 30.3750 | 455.63 | |
| | 01-24 | Bought | 22 | GARTNER GROUP CL A | 48.6410 | 1,070.10 | |
| | 03-29 | Stock Dividend | 22 | GARTNER GROUP CL A | | | |
| | 09-06 | Bought | 26 | GATEWAY 2000 INC | 44.5574 | 1,158.49 | |
| | 07-02 | Bought | 41 | GENSET ADR | 19.2500 | 789.25 | |
| | 08-20 | Sold | 41 | GENSET ADR | 15.5000 | 635.50 | |
| | 03-13 | Bought | 19 | GILAT SATELLITE NTWK LTD ORD | 27.1250 | 515.38 | |
| | 06-17 | Sold | 19 | GILAT SATELLITE NTWK LTD ORD | 22.5130 | 427.75 | |
| | 12-18 | Bought | 18 | GILAT SATELLITE NTWK LTD ORD | 25.8750 | 465.75 | |
| | 11-15 | Sold | 24 | GKN PUB LTD CO ADR | 18.1250 | 435.00 | |
| | 12-30 | Sold | 65 | GKN PUB LTD CO ADR | 16.1988 | 1,052.92 | |
| | 04-26 | Bought | 35 | GREEN TREE FINANCIAL CORP | 34.8750 | 1,220.63 | |
| | 12-17 | Bought | 38 | GROUPE AB SA ADS | 21 | 798.00 | |
| | 01-29 | Bought | 26 | GRUPO IND MASECA SA DE CV ADS | 11.6250 | 302.25 | |
| | 04-11 | Bought | 36 | GRUPO IND MASECA SA DE CV ADS | 12.5000 | 450.00 | |
| | 08-29 | Bought | 75 | GUANGDONG INV LTD SP ADR | 7.5550 | 566.63 | |
| | 03-12 | Bought | 20 | GUCCI GROUP NV | 45.7690 | 915.38 | |
| | 04-16 | Sold | 10 | GUCCI GROUP NV | 52.8750 | 528.73 | |
| | 04-30 | Bought | 31 | HARNISCHFEGER IND INC | 40.6250 | 1,259.38 | |
| | 06-20 | Sold | 31 | HARNISCHFEGER IND INC | 34 | 1,053.96 | |
| | 06-10 | Stock Dividend | 14 | HBO & CO | | | |
| | 02-29 | Bought | 38 | HEALTH MGMT ASSOC CL A | 30.9500 | 1,176.10 | |
| | 06-14 | Stock Dividend | 19 | HEALTH MGMT ASSOC CL A | | | |
| | 10-04 | Sold | 29 | HEALTHCARE COMPARE CP | 46.1477 | 1,338.28 | |
| | 02-21 | Sold | 10 | HITACHI 10 COM NEW ADR | 98.3920 | 983.88 | |
| | 06-06 | Stock Dividend | 28 | ING GROEP NV ADR | | | |
| | 06-05 | Sold | 19 | KAJIMA CP ADR | 100.5800 | 1,911.02 | |
| | 08-02 | Sold | 27 | KING WORLD PRODUCTION | 34.6410 | 935.27 | |
| | 08-21 | Bought | 38 | KINGFISHER PLC SPN ADR | 20.2500 | 769.50 | |
| | 12-24 | Sold | 10 | KINGFISHER PLC SPN ADR | 20.2500 | 202.50 | |
| | 07-26 | Bought | 10 | KOMATSU LTD ADR | 180.2500 | 1,802.50 | |
| | 10-09 | Sold | 5 | KOMATSU LTD ADR | 171 | 855.00 | |
| | 05-30 | Sold | 15 | KOOR INDS LTD | 17.7570 | 266.35 | |
| | 04-16 | Sold | 22 | KOREA ELECTRIC POWER CORP ADS | 24.0160 | 528.33 | |
| | 09-23 | Bought | 7 | KYOCERA CP ADR | 143.0535 | 1,001.37 | |
| | 12-17 | Sold | 7 | KYOCERA CP ADR | 125.1566 | 876.07 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

**Assets**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 07-23 | Bought | 52 | LA QUINTA INNS INC | 22.0580 | 1,147.02 | |
| 05-21 | Sold | 48 | LEHMAN BROS HOLDING INC DELA | 25.6070 | 1,229.09 | |
| 02-21 | Bought | 38 | LERNOUT&HAUSPIE SPEECH PROD NV | 28.4030 | 1,079.31 | |
| 11-08 | Sold | 38 | LERNOUT&HAUSPIE SPEECH PROD NV | 17.1127 | 650.47 | |
| 03-01 | Bought | 24 | LINEAR TECHNOLOGY CORPORATION | 48.5000 | 1,164.00 | |
| 05-20 | Sold | 24 | LINEAR TECHNOLOGY CORPORATION | 33.9200 | 814.08 | |
| 03-11 | Sold | 106 | LONDON INT GP PLC SPONSOR ADR | 8.6250 | 914.25 | |
| 07-16 | Sold | 26 | MACROMEDIA INCORPORATED | 14.7650 | 383.89 | |
| 05-02 | Sold | 10 | MANNESMANN AG SP ADR | 339 | 3,390.00 | |
| 10-09 | Sold | 8 | MATSUSHITA EL INDL ADR | 164.2880 | 1,314.25 | |
| 02-12 | Sold | 76 | MEDEVA PLC SPON ADR | 14.7590 | 1,121.64 | |
| 01-04 | Bought | 24 | MERCURY GENL CP NEW | 47.2500 | 1,134.00 | |
| 04-24 | Sold | 24 | MERCURY GENL CP NEW | 41.6000 | 998.40 | |
| 10-10 | Sold | 26 | MINEBEA LTD ADR | 43.7500 | 1,137.50 | |
| 03-12 | Bought | 66 | MITSUBISHI BK LTD ADR | 20.7870 | 1,371.94 | |
| 12-16 | Bought | 18 | NEC CORP ADR | 61 3/4 | 1,111.50 | |
| 09-05 | Bought | 28 | NEW JAPAN SEC LTD ADR | 50.7500 | 1,421.00 | |
| 09-18 | Sold | 28 | NEW JAPAN SEC LTD ADR | 47.4938 | 1,329.83 | |
| 03-08 | Sold | 34 | NEWS CP LTD ADR NEW | 23 | 781.97 | |
| 02-13 | Bought | 52 | NICE SYSTEMS LTD ADR | 10.3750 | 539.50 | |
| 11-01 | Bought | 80 | NINTENDO CO LTD ADR NEW | 8.6250 | 690.00 | |
| 11-15 | Bought | 59 | NINTENDO CO LTD ADR NEW | 8.6250 | 508.88 | |
| 12-13 | Bought | 43 | NINTENDO CO LTD ADR NEW | 9.5000 | 408.50 | |
| 09-23 | Bought | 29 | NIPPON TELEGRAPH&TELEPHONE ADS | 37.5000 | 1,087.50 | |
| 02-23 | Bought | 86 | NISSAN MTR CO LTD SPND ADR | 16.1250 | 1,386.75 | |
| 10-25 | Sold | 86 | NISSAN MTR CO LTD SPND ADR | 15.2750 | 1,313.65 | |
| 08-16 | Sold | 17 | NKK CORP ADR | 27.2500 | 463.25 | |
| 08-29 | Sold | 51 | NKK CORP ADR | 26.5000 | 1,351.50 | |
| 09-09 | Bought | 78 | NOBLE DRILLING | 14.9370 | 1,165.09 | |
| 02-12 | Sold | 18 | NOKIA CP ADR | 37.8130 | 680.60 | |
| 10-18 | Bought | 17 | NOKIA CP ADR | 45.5000 | 773.50 | |
| 10-30 | Bought | 7 | NOKIA CP ADR | 46.8750 | 328.13 | |
| 05-15 | Sold | 18 | NORSK HYDRO AS ADR SPONSORED | 44.5000 | 800.97 | |
| 12-23 | Received | 25 | NOVARTIS AG ADR | | | EXCHANGE |
| 12-23 | Sold | | NOVARTIS AG ADR | | 33.38 | CASH IN LIEU OF FRACTIONS |
| 11-15 | Bought | 16 | OIL CO LUKOIL SPN ADR | 43.6308 | 698.09 | |
| 04-30 | Stock Dividend | 20 | OLD REPUBLIC INTL CP | | | |
| 05-22 | Sold | 60 | OLD REPUBLIC INTL CP | 21.7120 | 1,302.67 | |
| 05-02 | Bought | 915 | OLIVETTI ADR | .7000 | 640.50 | |
| 07-19 | Sold | 915 | OLIVETTI ADR | .4900 | 448.35 | |
| 02-26 | Bought | 145 | OLYMPUS OPTICAL SPON ADR | 9.7500 | 1,413.75 | |
| 08-26 | Sold | 145 | OLYMPUS OPTICAL SPON ADR | 9.2464 | 1,340.73 | |
| 07-31 | Bought | 10 | ONWARD KASHIYAMA LTD ADR | 77 | 770.00 | |
| 09-16 | Sold | 10 | ONWARD KASHIYAMA LTD ADR | 72 | 720.00 | |
| 06-25 | Bought | 30 | OXFORD HEALTH PLANS | 39.7992 | 1,193.98 | |
| 07-17 | Bought | 40 | OZEMAIL LTD ADR | 11.3420 | 453.68 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 08-01 | Sold | 40 | OZEMAIL LTD ADR | 6.2880 | 251.52 | |
| | 04-29 | Bought | 58 | PAINE WEBBER GROUP INC | 21.4940 | 1,246.65 | |
| | 10-04 | Sold | 58 | PAINE WEBBER GROUP INC | 21.2543 | 1,232.70 | |
| | 09-30 | Bought | 16 | PAIRGAIN TECHNOLOGIES | 77 | 1,232.00 | |
| | 12-18 | Stock Dividend | 16 | PAIRGAIN TECHNOLOGIES | | | |
| | 05-01 | Bought | 36 | PEP BOYS CO MANNY MOE & JACK | 34.5000 | 1,242.00 | |
| | 07-31 | Sold | 36 | PEP BOYS CO MANNY MOE & JACK | 29.5170 | 1,062.57 | |
| | 10-11 | Bought | 44 | PEREZ COMPANC SA SPS ADR | 13.2500 | 583.00 | |
| | 05-13 | Sold | 12 | PERUSAHAAN PERSEROAN INDONESIA | 31.7500 | 380.98 | |
| | 10-11 | Bought | 11 | PERUSAHAAN PERSEROAN INDONESIA | 30.2500 | 332.75 | |
| | 10-07 | Bought | 11 | PETROLIUM GEO SVCES A/S ADS | 29.1940 | 321.13 | |
| | 10-10 | Bought | 11 | PETROLIUM GEO SVCES A/S ADS | 31.5000 | 346.50 | |
| | 10-30 | Bought | 7 | PETROLIUM GEO SVCES A/S ADS | 34.1250 | 238.88 | |
| | 02-27 | Sold | 10 | PHELPS DODGE CORP | 60 | 599.98 | |
| | 01-30 | Bought | 22 | PHYCOR INC | 50.3810 | 1,108.38 | |
| | 06-14 | Stock Dividend | 11 | PHYCOR INC | | | |
| | 04-24 | Sold | 32 | PICTURE TEL NEW | 32.9050 | 1,052.96 | |
| | 03-06 | Bought | 302 | PIONEER INTL LTD SPON ADR | 3.0400 | 918.08 | |
| | 05-24 | Sold | 302 | PIONEER INTL LTD SPON ADR | 2.9020 | 876.40 | |
| | 05-17 | Bought | 23 | PLANNING SCIENCES INTL PLC ADR | 31.3750 | 721.63 | |
| | 09-23 | Sold | 23 | PLANNING SCIENCES INTL PLC ADR | 12.5115 | 287.76 | |
| | 07-18 | Bought | 40 | QIAGEN NV | 15.7200 | 628.80 | |
| | 05-28 | Bought | 17 | QUINTILES TRANSNATIONAL | 79.0410 | 1,343.70 | |
| | 03-11 | Sold | 76 | RANK ORG PLC SPON ADR | 14.8750 | 1,130.50 | |
| | 05-23 | Sold | 30 | REPSOL S A SPONSORED ADR | 34.5000 | 1,034.96 | |
| | 05-02 | Bought | 10 | REUTERS HLDGS PLC ADR B | 68.6250 | 686.25 | |
| | 05-17 | Bought | 5 | REUTERS HLDGS PLC ADR B | 72 | 360.00 | |
| | 12-12 | Sold | 15 | REUTERS HLDGS PLC ADR B | 69.5000 | 1,042.50 | |
| | 01-26 | Sold | 19 | REYNOLDS METALS CO | 50.6340 | 962.01 | |
| | 08-30 | Sold | 15 | ROCHE HOLDINGS ADR | 78.0604 | 1,170.91 | |
| | 09-11 | Bought | 40 | ROLLS ROYCE PLC SPONS ADR | 19.5000 | 780.00 | |
| | 11-08 | Bought | 16 | ROYAL BANK OF CANADA | 35.3750 | 566.00 | |
| | 07-15 | Sold | 20 | ROYAL PTT NEDERLAND N.V. ADS | 36.6250 | 732.47 | |
| | 02-13 | Sold | 18 | RTZ PLC SPONSOR ADR | 57.5000 | 1,034.96 | |
| | 01-30 | Stock Dividend | 26 | SAFEWAY INC COM NEW | | | |
| | 07-17 | Bought | 15 | SANTA ISABEL SA ADR | 28.7070 | 430.61 | |
| | 08-05 | Sold | 15 | SANTA ISABEL SA ADR | 27.2960 | 409.42 | |
| | 03-22 | Bought | 5 | SANWA BANK LTD(JAPAN)ADR | 197 | 985.00 | |
| | 07-22 | Sold | 5 | SANWA BANK LTD(JAPAN)ADR | 167.3750 | 836.88 | |
| | 03-11 | Bought | 18 | SAVILLE SYSTEMS PLC ADR | 17.6250 | 317.25 | |
| | 07-01 | Sold | 20 | SEKISUI HOUSE LTD ADR | 115.9170 | 2,318.39 | |
| | 06-11 | Bought | 32 | SGL CARBON ADR | 37.0150 | 1,184.48 | |
| | 08-02 | Bought | 8 | SHARP CORPORATION A D R | 161 | 1,288.00 | |
| | 09-05 | Bought | 7 | SHL TRNS&TRAD PLC NY SH NEW | 87.3000 | 611.10 | |
| | 10-18 | Bought | 5 | SHL TRNS&TRAD PLC NY SH NEW | 98.9270 | 494.64 | |
| | 10-25 | Sold | 43 | SIEBE PLC ADR | 30.3750 | 1,306.13 | |
| | 05-07 | Stock Dividend | 15 | SIEMENS AG ADR NEW | | | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #/1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

**Assets**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 07-23 | Sold | 30 | SIEMENS AG ADR NEW | 52 | 1,560.00 | |
| 04-19 | Sold | 18 | SMITHKLINE PLC ADS 5 ORD | 50 | 859.97 | |
| 02-21 | Sold | 23 | SONY CORP ADR 1974 NEW | 60.9630 | 1,402.10 | |
| 05-30 | Bought | 18 | SONY CORP ADR 1974 NEW | 64.2130 | 1,155.83 | |
| 06-12 | Bought | 5 | SONY CORP ADR 1974 NEW | 63.8750 | 319.38 | |
| 10-11 | Sold | 9 | SONY CORP ADR 1974 NEW | 62.8750 | 565.86 | |
| 04-29 | Bought | 59 | STAPLES INC | 20.6250 | 1,216.88 | |
| 09-13 | Sold | 59 | STAPLES INC | 18.3750 | 1,084.13 | |
| 03-08 | Sold | 36 | STET SOCIETA FIN TELEF SP ADR | 31.5000 | 1,133.96 | |
| 11-20 | Bought | 17 | STET SOCIETA FIN TELEF SP ADR | 40.7500 | 692.75 | |
| 08-01 | Bought | 34 | STORAGE TECHNOLOGY CORP NEW | 33.5000 | 1,139.00 | |
| 09-04 | Sold | 82 | SUN MICROSYSTEMS INC | 56.6721 | 4,647.11 | |
| 10-08 | Bought | 42 | SYBRON INTL CP WISC | 29.8270 | 1,252.73 | |
| 06-03 | Bought | 21 | TADRIAN LTD ADS | 27.5330 | 578.19 | |
| 07-03 | Sold | 21 | TADRIAN LTD ADS | 27 | 566.98 | |
| 10-10 | Bought | 15 | TAIYO YUDEN CO LTD UNSP ADR | 53.6000 | 804.00 | |
| 05-31 | Bought | 13 | TECHNOMATIX TECH LTD ORD | 24.5440 | 319.07 | |
| 03-12 | Sold | 12 | TELE BRASILEIRAS SA SPND ADR | 48.5610 | 582.71 | |
| 06-11 | Bought | 13 | TELE BRASILEIRAS SA SPND ADR | 62.5000 | 812.50 | |
| 11-18 | Sold | 13 | TELE BRASILEIRAS SA SPND ADR | 74.3750 | 966.84 | |
| 03-21 | Sold | 37 | TELE DENMARK A/S ADS | 27.3750 | 1,012.84 | |
| 05-15 | Sold | 10 | TELECOM CP NZ LTD ADS | 67.5880 | 675.85 | |
| 10-28 | Bought | 5 | TELECOM CP NZ LTD ADS | 83.3141 | 416.57 | |
| 03-13 | Bought | 59 | TELEDATA COMMUNICATIONS ORD | 9.0420 | 533.48 | |
| 05-08 | Bought | 11 | TELEFONICA DE ARGENTINA S.A. | 29 | 319.00 | |
| 07-16 | Sold | 11 | TELEFONICA DE ARGENTINA S.A. | 27.3750 | 301.12 | |
| 11-20 | Sold | 15 | TELEFONICA DE ESPANA SA ADR | 65 | 974.96 | |
| 11-22 | Bought | 13 | TELEFONICA DE ARGENTINA S.A. | 25.8750 | 336.38 | |
| 02-12 | Bought | 9 | TELEFONOS DE MX SA DE CV ADR | 32.5000 | 292.50 | |
| 05-03 | Sold | 9 | TELEFONOS DE MX SA DE CV ADR | 34.2500 | 308.23 | |
| 01-23 | Sold | 26 | TENCOR INSTRUMENTS | 19.4620 | 505.75 | |
| 02-27 | Sold | 29 | TERADYNE INC | 21.5780 | 625.73 | |
| 03-22 | Bought | 16 | TOMMY HILFIGER CORPORATION | 47.1640 | 754.62 | |
| 11-05 | Sold | 16 | TOMMY HILFIGER CORPORATION | 53.4830 | 855.70 | |
| 04-23 | Bought | 17 | TOMRA SYS A/S ADR NEW | 45 | 765.00 | |
| 06-12 | Stock Dividend | 68 | TOMRA SYS A/S ADR NEW | | | |
| 07-15 | Bought | 20 | TOMRA SYS A/S ADR NEW | 10.8750 | 217.50 | |
| 05-30 | Sold | 30 | TOTAL PETROLEUM ADR | 34.7810 | 1,043.39 | |
| 02-21 | Bought | 60 | TRIPLE P N V | 14.8070 | 888.42 | |
| 05-16 | Sold | 60 | TRIPLE P N V | 5.9780 | 358.68 | |
| 07-02 | Bought | 37 | TUBOS DE ACERO NEW ADR | 9.3030 | 344.21 | |
| 10-28 | Bought | 22 | TUBOS DE ACERO NEW ADR | 11.2500 | 247.50 | |
| 05-10 | Stock Dividend | 28 | US ROBOTICS CORP | | | |
| 05-29 | Sold | 27 | US ROBOTICS CORP | 98.9410 | 2,671.41 | |
| 10-04 | Sold | 29 | US ROBOTICS CORP | 63.9250 | 1,853.83 | |
| 08-07 | Bought | 48 | UTD ASSET MANAGEMENT | 25 | 1,200.00 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS #1-NICHOLAS APPLEGATE

Account Number AE
642 108600 022

## Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 06-12 | Bought | 29 | VALMET CORP ADS ( 1ADS=2SHS ) | 31.3630 | 909.53 | |
| 11-19 | Sold | 29 | VALMET CORP ADS ( 1ADS=2SHS ) | 32 | 927.96 | |
| 02-21 | Sold | 121 | VARITRONIX INTL LTD SPON ADR | 9.1250 | 1,104.13 | |
| 01-19 | Sold | 400 | VICKERS PLC ADR NEW | 3.7370 | 1,494.80 | |
| 10-15 | Sold | 57 | VIDEOTRON HLDGS PLC SP ADR | 16.5000 | 940.50 | |
| 12-03 | Bought | 14 | VINA CONCHA Y TORO S.A. ADS | 24 | 336.00 | |
| 02-12 | Sold | 19 | VOLKSWAGEN AG SPON ADR | 73.2860 | 1,392.43 | |
| 08-27 | Bought | 15 | VOLKSWAGEN AG SPON ADR | 72.6250 | 1,089.38 | |
| 05-17 | Bought | 59 | WASTE MGMT INT PLC SPON ADR | 11.7500 | 693.25 | |
| 09-05 | Sold | 59 | WASTE MGMT INT PLC SPON ADR | 9.5000 | 560.48 | |
| 09-04 | Bought | 23 | WESTERN AREAS GOLD MNG LTD ADR | 14.0301 | 322.69 | |
| 05-31 | Bought | 49 | WESTERN DIGITAL CORPORATION | 26.7640 | 1,310.46 | |
| 11-06 | Bought | 11 | WESTPAC BANKING SPONS ADR | 28.2500 | 310.75 | |
| 11-14 | Bought | 13 | WESTPAC BANKING SPONS ADR | 28.2500 | 367.25 | |
| 01-03 | Sold | 45 | WESTVACO CORPORATION | 26.5720 | 1,195.70 | |
| 01-23 | Sold | 31 | WILLIAMS CO INC | 44.0040 | 1,364.07 | |
| 09-19 | Bought | 56 | WOOLWORTH CORP | 21.8750 | 1,225.00 | |
| 03-27 | Bought | 21 | WPP GROUP PLC ADR NEW | 30.5000 | 640.50 | |
| 04-03 | Bought | 14 | WPP GROUP PLC ADR NEW | 30.9380 | 433.13 | |
| 04-23 | Sold | 45 | XILINX INC | 31.2770 | 1,407.47 | |
| 01-17 | Sold | 15 | YPF SOCIEDAD ADS REP 1 CL-D SH | 21.5000 | 322.48 | |

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 203.91 | Money Market Funds |
| Dividend | AMERICAN FINANCIAL GROUP INC | 9.50 | Stocks |
| Dividend | AMWAY JPN LTD SPON ADR | 11.60 | Stocks |
| Dividend | ASARCO INC | 6.80 | Stocks |
| Dividend | BANCO DE SANTANDER ADR | 9.39 | Stocks |
| Dividend | BANCO LATINOAMERICANO CLASS E | 9.26 | Stocks |
| Dividend | BANK OF TOKYO-MITSUBISHI LTD | 2.16 | Stocks |
| Dividend | BOWATER INCORPORATED | 3.15 | Stocks |
| Dividend | BRIDGESTONE CP ADR | 8.87 | Stocks |
| Dividend | BRITISH AIRWAYS FINL INST ADR | 24.76 | Stocks |
| Dividend | CANON INC ADR NEW | 9.10 | Stocks |
| Dividend | CHEUNG KONG HOLDINGS ADR | 24.73 | Stocks |
| Dividend | CIBA GEIGY AG SPON ADR | 19.31 | Stocks |
| Dividend | COMAIR HOLDINGS | 16.84 | Stocks |
| Dividend | COMPANIA DE TELECOMM DE CHILE | 16.48 | Stocks |
| Dividend | CONSECO INC | 1.75 | Stocks |
| Dividend | CRH PLC ADR | 20.93 | Stocks |
| Dividend | DANKA BUSINESS SYST ADR | 6.51 | Stocks |
| Dividend | DIXONS GRP PLC ADR | 37.66 | Stocks |
| Dividend | EASTMAN CHEMICAL COMPANY | 16.80 | Stocks |
| Dividend | EL PASO NATURAL GAS COM NEW | 12.16 | Stocks |
| Dividend | ENI SPA AMER DEP RCPT | 23.64 | Stocks |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number 642 113487 AE 022

| Stocks/Options | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | | Additional Information |
|---|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | | |
| 37 | NOVARTIS AG ADR | 57 | 2,109.00 | 1.7% | 19 | .90% | ..... | |
| 49 | PHILIP MORRIS CO INC | 113 | 5,537.00 | 4.5% | 235 | 4.24% | ..... | Next Dividend Payable 01/10/97 |
| 130 | RHONE-POULENC AMER DEPOSIT SHS | 33 7/8 | 4,403.75 | 3.5% | 56 | 1.28% | ..... | Next Dividend Payable 07/97 |
| 40 | RICOH LTD ADR | 57 1/4 | 2,290.00 | 1.8% | 15 | .67% | ..... | Next Dividend Payable 06/97 |
| 17 | ROYAL DUTCH PETE NY RG 5 GLDR | 170 3/4 | 2,902.75 | 2.3% | 90 | 3.10% | ..... | Next Dividend Payable 06/97 |
| 45 | SEARS ROEBUCK & CO | 46 | 2,070.00 | 1.7% | 41 | 2.00% | ..... | Next Dividend Payable 04/97 |
| 58 | SONY CORP ADR 1974 NEW | 65 5/8 | 3,806.25 | 3.1% | 22 | .57% | ..... | Next Dividend Payable 01/02/97 |
| 100 | TRAVELERS GROUP INC | 45 3/8 | 4,537.50 | 3.7% | 45 | .99% | ..... | Next Dividend Payable 05/97 |
| 25 | UNILEVER PLC AMER SHARES | 97 1/2 | 2,437.50 | 2.0% | 54 | 2.21% | ..... | Next Dividend Payable 02/97 |
| 20 | YASUDA TR & BKG LTD ADR | 42 1/4 | 845.00 | 0.7% | 7 | .84% | ..... | Next Dividend Payable 06/97 |
| | ***Total Common Stocks*** | | 116,902.46 | 94.3% | 2,354 | 2.01% | | Next Dividend Payable 05/97 |
| **Preferred Stocks** | | | | | | | | |
| 168 | FIAT SPA PFD AM DEP SH | 8 | 1,344.00 | 1.1% | 37 | 2.77% | ..... | Next Dividend Payable 08/97 |
| ***Total Stocks/Options*** | | | $118,246.46 | 95.4% | $2,392 | 2.02% | | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| ***Total Asset Value*** | 124,160.39 | $2,686 |

## 1996 ACTIVITY DETAILS

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 10-21 | Bought | 100 | ALCATEL ALSTHOM SPON ADR | 17.6250 | 1,762.50 | |
| | 01-30 | Bought | 285 | ALLIED DOMECQ PLC ADR SPON | 8.2300 | 2,345.55 | |
| | 03-27 | Sold | 20 | ALLIEDSIGNAL INC | 56 | 1,119.96 | |
| | 05-02 | Sold | 20 | ALLIEDSIGNAL INC | 58.6100 | 1,172.16 | |
| | 10-10 | Sold | 39 | ALLIEDSIGNAL INC | 65.9552 | 2,572.16 | |
| | 05-06 | Stock Dividend | 15 | AMERICAN HOME PRODUCTS | | | |
| | 05-20 | Sold | 30 | AMERICAN HOME PRODUCTS | 53.5840 | 1,607.46 | |
| | 10-15 | Bought | 40 | AMERITECH CORP | 55.9220 | 2,236.88 | |
| | 03-27 | Sold | 25 | ARCHER DANIELS MIDLAND | 18.3750 | 459.36 | |
| | 09-16 | Stock Dividend | 5 | ARCHER DANIELS MIDLAND | | | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHAIL II
ACCESS // 2-LAZARD FRERES

Account Number AE
642 113487 022

| Assets | Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|---|
| | 04-18 | Sold | 30 | ASTRA AB SER B ADR | 42.7500 | 1,282.50 | |
| | 10-29 | Sold | 36 | AT&T CORPORATION | 36.7885 | 1,324.34 | |
| | 05-26 | Bought | 105 | BANCO CENTRAL HISPANOAMER ADR | 10.9940 | 1,154.37 | |
| | 08-07 | Sold | 25 | BANKAMERICA CORP | 84.6250 | 2,115.55 | |
| | 02-23 | Bought | 60 | BRITISH GAS PLC ADR | 36.9890 | 2,219.34 | |
| | 04-15 | Sold | 46 | CHASE MANHATTAN CORP NEW | 69.3000 | 3,187.69 | |
| | 03-27 | Sold | 30 | CHEMICAL BANKING CORP | 71.5750 | 2,141.17 | |
| | 03-27 | Sold | 20 | CIBA-GEIGY AG SPON ADR | 62.2500 | 1,245.00 | |
| | 12-23 | Tender | 35 | CIBA-GEIGY AG SPON ADR | | | EXCHANGE |
| | 09-25 | Bought | 60 | COMPAGNIE GENERALE DE EAUX ADR | 20.7449 | 1,244.69 | |
| | 05-16 | Bought | 20 | DAIMLERBENZ AKTIENGESELLSCHAFT | 53.7500 | 1,075.00 | |
| | 06-26 | Bought | 20 | DAIMLERBENZ AKTIENGESELLSCHAFT | 55 | 1,100.00 | |
| | 03-01 | Bought | 60 | DEERE & CO | 39.8180 | 2,389.08 | |
| | 08-16 | Bought | 45 | DEUTSCHE BANK AG SP ADR | 51.2350 | 2,305.58 | |
| | 11-26 | Bought | 30 | ELF AQUITAINE SPON ADR | 44.4202 | 1,332.61 | |
| | 03-12 | Bought | 45 | EMPRESA NATL DE EL SA ADR | 53.5000 | 2,407.50 | |
| | 10-23 | Bought | 10 | EMPRESA NATL DE EL SA ADR | 64.0270 | 640.27 | |
| | 10-31 | Bought | 50 | ENI SPA AMER DEP RCPT | 47.1250 | 2,356.25 | |
| | 02-05 | Bought | 420 | GEN ELEC PLC ADR | 5.5860 | 2,346.12 | |
| | 03-27 | Sold | 30 | GEN ELEC PLC ADR | 5.6250 | 168.75 | |
| | 05-06 | Bought | 30 | GENERAL ELECTRIC CO | 77.8580 | 2,335.74 | |
| | 11-27 | Bought | 75 | GRAND MET PLC LTD SPNSR ADR | 31.6500 | 2,373.75 | |
| | 08-12 | Sold | 13 | HEINEKEN NV ADR | 219.8250 | 2,857.73 | |
| | 05-05 | Sold | 19 | HITACHI 10 COM NEW ADR | 99.4990 | 1,890.41 | |
| | 06-18 | Stock Dividend | 76 | HOECHST AG ADR NEW | | | |
| | 03-06 | Bought | 55 | HONDA MOTOR COMPANY LTD ADR | 42.3210 | 2,327.66 | |
| | 11-05 | Sold | 5 | HSBC HLDG PLC SPND ADR NEW | 202.5000 | 1,012.50 | |
| | 06-06 | Stock Dividend | 60 | ING GROEP NV ADR | | | |
| | 07-02 | Sold | 100 | ING GROEP NV ADR | 29.9660 | 2,996.60 | |
| | 05-22 | Bought | 20 | INTL BUSINESS MACHINES CORP | 109.7500 | 2,195.00 | |
| | 05-08 | Sold | 60 | KERR MCGEE CORP | 61.6480 | 3,698.75 | |
| | 02-27 | Sold | 13 | KYOCERA CP ADR | 133.1250 | 1,730.57 | |
| | 03-27 | Sold | 15 | LOCKHEED MARTIN CORP | 77.6750 | 1,164.09 | |
| | 03-15 | Sold | 15 | LOCKHEED MARTIN CORP | 80.7250 | 1,210.83 | |
| | 09-30 | Stock Dividend | 11 | LUCENT TECHNOLOGIES | | | DISTRIBUTION FROM T |
| | 10-15 | Sold | 11 | LUCENT TECHNOLOGIES | 46.6250 | 512.86 | |
| | 05-01 | Bought | 25 | MITSUI MARINE&FIRE INS LTD ADR | 82.6200 | 2,065.50 | |
| | 03-27 | Sold | 15 | NESTLE SPON ADR REP REG SHR | 56.1250 | 841.88 | |
| | 09-24 | Bought | 20 | NESTLE SPON ADR REP REG SHR | 55.8750 | 1,117.50 | |
| | 02-28 | Sold | 105 | NEWS CP LTD PRF SPON ADR | 19.4440 | 2,041.55 | |
| | 02-21 | Sold | 27 | NIPPONDENSO LTD ADR | 74.9170 | 2,022.76 | |
| | 05-03 | Bought | 70 | NKK CORP ADR | 31.8150 | 2,227.05 | |
| | 12-23 | Received | 57 | NOVARTIS AG ADR | | | EXCHANGE |
| | 12-23 | Sold | | NOVARTIS AG ADR | | 18.54 | CASH IN LIEU OF FRACTIONS |
| | 04-19 | Sold | 120 | REPOLA CP SPON ADR NEW | 19.8230 | 2,378.76 | |
| | 02-29 | Bought | 95 | RHONE-POULENC AMER DEPOSIT SHS | 25.1250 | 2,386.88 | |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



NICK JOE RAHALL II
ACCESS # 2-LAZARD FRERES

Account Number AE
642 113487 022

## Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 06-25 | Bought | 35 | RHONE-POULENC AMER DEPOSIT SHS | 25.5000 | 892.50 | |
| 01-17 | Bought | 40 | RICOH LTD ADR | 55.4500 | 2,218.00 | |
| 01-29 | Sold | 111 | ROYAL NEDLLOYD GROUP SPON ADR | 9.4100 | 1,044.51 | |
| 05-02 | Sold | 15 | SEARS ROEBUCK & CO | 50.1250 | 751.85 | |
| 05-07 | Stock Dividend | 20 | SIEMENS AG ADR NEW | | | |
| 06-20 | Sold | 20 | SIEMENS AG ADR NEW | 54.3900 | 1,087.80 | |
| 09-19 | Sold | 20 | SIEMENS AG ADR NEW | 51.4809 | 1,029.02 | |
| 03-15 | Bought | 25 | SONY CORP ADR 1974 NEW | 59 | 1,475.00 | |
| 01-31 | Stock Dividend | 64 | SOUTHERN ELCT PLC SP ADR FINAL | | | |
| 03-12 | Sold | 139 | SOUTHERN ELCT PLC SP ADR FINAL | 13.1320 | 1,825.35 | |
| 10-11 | Sold | 55 | TOYOTA MOTOR CP ADR NEW | 48.0842 | 2,643.53 | |
| 03-27 | Sold | 35 | TRAVELERS GROUP INC | 64.8750 | 2,270.55 | |
| 05-24 | Stock Dividend | 25 | TRAVELERS GROUP INC | | | |
| 11-22 | Stock Dividend | 25 | TRAVELERS GROUP INC | | | |
| 02-06 | Bought | 25 | UNILEVER PLC AMER SHARES | 83 | 2,075.00 | |
| 03-04 | Sold | 120 | VOLVO AB ADR B | 21.8750 | 2,625.00 | |
| 04-18 | Bought | 20 | YASUDA TR & BKG LTD ADR | 62.5000 | 1,250.00 | |

## Income

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 327.60 | Money Market Funds |
| Dividend | ALCATEL ALSTHOM SPON ADR | 28.39 | Stocks |
| Dividend | ALLIED DOMECQ PLC ADR SPON | 47.20 | Stocks |
| Dividend | ALLIEDSIGNAL INC | 35.31 | Stocks |
| Dividend | AMERICAN HOME PRODUCTS | 23.10 | Stocks |
| Dividend | ARCHER DANIELS MIDLAND | 24.70 | Stocks |
| Dividend | ASTRA AB CL B ADS | 23.20 | Stocks |
| Dividend | AT&T CORPORATION | 47.52 | Stocks |
| Dividend | BANCO CENTRAL HISPANOAMER ADR | 48.96 | Stocks |
| Dividend | BANKAMERICA CORP | 81.00 | Stocks |
| Dividend | BAUSCH & LOMB INC | 13.78 | Stocks |
| Dividend | BRITISH GAS PLC ADR | 174.65 | Stocks |
| Dividend | CADBURY SCHW PLC ADR 10 ORD NN | 82.93 | Stocks |
| Dividend | CHASE MANHATTAN CORP NEW | 26.22 | Stocks |
| Dividend | CHEMICAL BANKING CORP | 38.00 | Stocks |
| Dividend | CIBA GEIGY AG SPON ADR | 28.16 | Stocks |
| Dividend | COMPAGNIE GENERALE DE EAUX ADR | 32.84 | Stocks |
| Dividend | DEERE & CO | 36.00 | Stocks |
| Dividend | DU PONT EI DE NEMOURS & CO | 109.27 | Stocks |
| Dividend | ELF AQUITAINE SPON ADR | 55.61 | Stocks |
| Dividend | EMPRESA NATL DE EL SA ADR | 37.81 | Stocks |
| Dividend | FIAT SPA PREF AM DEP SH | 37.31 | Stocks |
| Dividend | GEN ELEC PLC ADR | 66.99 | Stocks |
| Dividend | GENERAL ELECTRIC CO | 27.60 | Stocks |
| Dividend | HEINEKEN NV ADR | 21.74 | Stocks |
| Dividend | HOECHST AG ADR NEW | 77.75 | Stocks |

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DEAN WITTER REYNOLDS INC.

# 1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT



THE HONORABLE NICK JOE RAHALL II
ACESS #3 - EAGLE ASSET MGMT.

Account Number AE
642 122048 022

## 1996 ACTIVITY DETAILS

**Assets**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 02-12 | Sold | 400 | A PLUS NETWORK INC | 11 1/2 | 4,600.00 | |
| 08-09 | Bought | 200 | ALTERNATIVE LIVING SERVICES | 13 1/8 | 2,625.00 | |
| 11-18 | Sold | 200 | ALTERNATIVE LIVING SERVICES | 12 | 2,399.92 | |
| 05-13 | Sold | 600 | AMPEX INC CL A | 10 | 5,999.80 | |
| 03-26 | Sold | 500 | AMTRAN INC | 11 3/4 | 5,875.00 | |
| 02-02 | Bought | 300 | BOCA RESEARCH INC | 18.5000 | 5,550.00 | ICS |
| 07-26 | Sold | 300 | BOCA RESEARCH INC | 14.5000 | 4,350.00 | |
| 12-16 | Sold | 200 | CAMCO INTERNATIONAL INC | 39 1/2 | 7,899.73 | |
| 09-18 | Bought | 200 | CAPSTAR HOTEL CO | 17 7/8 | 3,575.00 | |
| 11-19 | Bought | 400 | CASH AMER INTERNATIONAL INC | 7 1/8 | 2,850.00 | |
| 02-06 | Sold | 500 | COMMUNITY PSYCHIATRIC CENTERS | 10 5/8 | 5,312.32 | |
| 02-16 | Bought | 400 | COMPUTER PRODUCTS INC | 11.5000 | 4,600.00 | |
| 08-15 | Bought | 300 | DIGICON INC NEW | 12 1/4 | 3,675.00 | |
| 09-06 | Tender | 300 | DIGICON INC NEW | | | EXCHANGE |
| 02-16 | Received | 625 | FIDELITY FED BK (CA) NEW | | | EXCHANGE |
| 02-16 | Tender | 2,500 | FIDELITY FED BK FSB CL A OLD | | | EXCHANGE |
| 04-30 | Bought | 100 | HOUGHTON MIFFLIN CO | 44 3/4 | 4,475.00 | |
| 05-21 | Bought | 200 | LEGG MASON INC | 33 3/8 | 6,675.00 | |
| 01-18 | Bought | 200 | LENNAR CORPORATION | 24 7/8 | 4,975.00 | |
| 06-13 | Bought | 100 | PROTEIN DESIGN LABS | 27 3/8 | 2,737.50 | ICS |
| 01-11 | Bought | 300 | RG BARRY CP OHIO | 17 7/8 | 5,362.50 | |
| 06-17 | Stock Dividend | 75 | RG BARRY CP OHIO | | | |
| 09-12 | Sold | 375 | RG BARRY CP OHIO | 13 3/4 | 5,156.07 | |
| 02-26 | Bought | 100 | SCIENTIFIC GAMES HOLDING CORP | 33.5000 | 3,350.00 | AC CHG/SPLT REF 052E9299 CHNG |
| 06-11 | Sold | 100 | SCIENTIFIC GAMES HOLDING CORP | 33 | 3,300.00 | |
| 09-27 | Stock Dividend | 300 | SODAK GAMING INC | | | |
| 05-01 | Sold | 600 | UNR IND INC | 8 5/16 | 4,987.50 | ICS |
| 09-06 | Received | 500 | VERITAS DGC INC | | | EXCHANGE |

**Income**

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 305.43 | Money Market Funds |
| Dividend | CAMCO INTERNATIONAL INC | 40.00 | Stocks |
| Dividend | HOUGHTON MIFFLIN CO | 72.00 | Stocks |
| Dividend | IMCO RECYCLING | 40.00 | Stocks |
| Dividend | LEGG MASON INC | 50.00 | Stocks |
| Dividend | LENNAR CORPORATION | 20.00 | Stocks |
| | **Sub Total Stocks** | **$222.00** | |
| | **Total Income** | **$527.43** | |

# Consolidated Statement

Through the Courtesy Of

Securities Account D H BLAIR & CO INC

1996

NICK JOE RAHALL

Jan 1 - Dec 31, 1996 Account Number: OXT-515316-FG



rading
ctivity

| DESCRIPTION | QUANTITY | TRADE DATE | SETTLEMENT DATE | NET COST | NET PROCEEDS | EXPLANATION | ACCRUED INTEREST |
|---|---|---|---|---|---|---|---|
| CONVERSION TECHNOLOGIES INTERNATIONAL INC | 1,000 | 05/16/96 | 05/21/96 | 4,403.00 | | BOUGHT | |
| CONVERSION TECHNOLOGIES INTERNATIONAL INC | 1,400 | 05/29/96 | 06/03/96 | 7,703.00 | | BOUGHT | |
| CONVERSION TECHNOLOGIES INTERNATIONAL INC WARRANTS CLA EXPIRES 05/15/2001 | 1,000 | 05/16/96 | 05/21/96 | 53.00 | | BOUGHT | |
| CONVERSION TECHNOLOGIES INTERNATIONAL INC WARRANTS CLASS B EXPIRES 05/15/2001 | 1,000 | 05/16/96 | 05/21/96 | 50.00 | | BOUGHT | |
| LIGHTPATH TECHNOLOGIES INC UNIT 1 COM CLA 1 WTS A 1 WTS CLB EXP 02/22/2001 | 500 | 02/22/96 | 02/27/96 | 2,503.00 | | BOUGHT | |
| LIGHTPATH TECHNOLOGIES INC UNIT 1 COM CLA 1 WTS A 1 WTS CLB EXP 02/22/2001 | 500 | 02/23/96 | 02/28/96 | 3,471.75 | | BOUGHT | |
| LIGHTPATH TECHNOLOGIES INC UNIT 1 COM CLA 1 WTS A 1 WTS CLB EXP 02/22/2001 | 1,000 | 05/29/96 | 06/03/96 | | 7,747.00 | SOLD | |
| VIDEO UPDATE INC CLASS A DHB AAP RP 7-5/8 MU 1/8 | 2,500 | 03/15/96 | 03/20/96 | 19,378.00 | | BOUGHT | |

2861



Wexford Clearing Services Corporation

Smith Barney Mutual Funds
**Investing for your future.**
**Every day.™**

Account Number: 907-06601-1-4 Continued

**Client Statement**
January 1 - December 31, 1996

## TRANSACTION DETAILS

SMITH BARNEY FUNDS, INC.
U.S. GOVERNMENT SECURITIES PORT CL A (Fund: 341)

QUOTRON: SBCGX

Dividend Distribution: Reinvestment
Cap Gain Distribution: Reinvestment

Shares Held by You: 0.000
Shares Held at Transfer Agent: 145.365

| Trade Date | Type of Transaction | Shares this Transaction | Share Price | Dollar Amount | Share Balance |
|---|---|---|---|---|---|
| | Balance Forward | | | | 136.217 |
| 01/26/96 | Dividend Reinvested | 0.705 | $13.54 | $9.54 | 136.922 |
| 02/23/96 | Dividend Reinvested | 0.714 | $13.42 | $9.58 | 137.636 |
| 03/29/96 | Dividend Reinvested | 0.727 | $13.24 | $9.63 | 138.363 |
| 04/26/96 | Dividend Reinvested | 0.756 | $13.17 | $9.96 | 139.119 |
| 05/31/96 | Dividend Reinvested | 0.776 | $12.92 | $10.02 | 139.895 |
| 06/28/96 | Dividend Reinvested | 0.774 | $13.01 | $10.07 | 140.669 |
| 07/26/96 | Dividend Reinvested | 0.783 | $12.93 | $10.13 | 141.452 |
| 08/30/96 | Dividend Reinvested | 0.792 | $12.85 | $10.18 | 142.244 |
| 09/27/96 | Dividend Reinvested | 0.786 | $13.02 | $10.24 | 143.030 |
| 10/25/96 | Dividend Reinvested | 0.784 | $13.13 | $10.30 | 143.814 |
| 11/29/96 | Dividend Reinvested | 0.769 | $13.46 | $10.35 | 144.583 |
| 12/27/96 | Dividend Reinvested | 0.782 | $13.32 | $10.41 | 145.365 |
| | Ending Balance | | | | 145.365 |



SMITH BARNEY
A Member of TravelersGroup

ALLGEMEINE AG - 1-4-1

# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED PLEASE VERIFY THAT THE RECIPIENT'S ID NO BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER

GROSS PROCEEDS ON SALES LESS COMMISSIONS AND OPTION PREMIUMS ARE REPORTED TO THE IRS

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, COPY B "FOR RECIPIENT")

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1a) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| ALBERTSONS INC 013104-10-4 | 11-18 | SOLD | 100.000 | 36.25 | 3,555.67 | 2 |
| APPLEBEES INTL INC 037899-10-1 | 10-28 | SOLD | 200.000 | 25.875 | 5,068.38 | 2 |
| BENCHMARK ELECTRONICS INC 08160H-10-1 | 08-28 | SOLD | 100.000 | 33.00 | 3,247.43 | 2 |
| BROWNING FERRIS INDS INC 115885-10-5 | 10-10 | SOLD | 200.000 | 27.00 | 5,297.44 | 2 |
| CARDIOGENESIS CORP 14159K-10-5 | 09-27 | SOLD | 500.000 | 12.50 | 6,136.50 | 2 |
| COLUMBIA/HCA HEALTHCARE CORP 197677-10-7 | 11-06 | SOLD | 100.000 | 38.00 | 3,723.98 | 2 |
| COX COMMUNICATION INC CL A NEW 224044-10-7 | 09-13<br>10-21 | SOLD<br>SOLD | 300.000<br>200.000 | 19.625<br>18.125 | 5,773.19<br>3,548.57 | 2<br>2 |
| EMCARE HOLDINGS 290820-10-9 | 10-04 | SOLD | 100.000 | 29.5625 | 2,882.16 | 2 |
| GRAND METROPOLITAN PLC SPONSORED ADR 386090-30-2 | 06-27 | SOLD | 300.000 | 26.50 | 7,822.50 | 2 |
| HOSPITALITY PROPERTIES TRUST COM SH BEN INT 44106M-10-2 | 06-26 | SOLD | 200.000 | 26.00 | 5,144.82 | 2 |
| INTERPUBLIC GRP CO INC 460690-10-0 | 08-05 | SOLD | 100.000 | 46.625 | 4,577.52 | 2 |
| K-III COMMUNICATIONS CORPORATION 482727-10-4 | 06-13 | SOLD | 500.000 | 12.375 | 6,057.00 | 2 |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 2 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

Attachment 27 - p.1

# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

GROSS PROCEEDS ON SALES LESS COMMISSIONS AND OPTION PREMIUMS ARE REPORTED TO THE IRS.

## PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, CONTINUED)

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| LEE ENTPR INC COMMON DOMESTIC SHARE CERT 523768-10-9 | 02-23 | SOLD | 200.000 | 21.625 | 4,259.85 | 2 |
| LONE STAR STEAKHOUSE SALOON 542307-10-3 | 11-26 | SOLD | 200.000 | 30.75 | 6,024.82 | 2 |
| MARRIOTT INTL INC 571900-10-9 | 02-08 | SOLD | 100.000 | 46.625 | 4,572.22 | 2 |
| MOTOROLA INCORPORATED 620076-10-9 | 01-04 | SOLD | 100.000 | 57.375 | 5,687.30 | 2 |
| NEUROCRINE BIOSCIENCES INC 64125C-10-9 | 06-18 | SOLD | 200.000 | 11.625 | 2,275.00 | 2 |
| | 06-18 | SOLD | 300.000 | 11.75 | 3,438.09 | 2 |
| PEPSICO INCORPORATED 713448-10-8 | 10-18 | SOLD | 100.000 | 30.50 | 2,987.10 | 2 |
| POLYMER GROUP INC 731745-10-5 | 09-10 | SOLD | 100.000 | 14.875 | 1,437.45 | 2 |
| | 10-16 | SOLD | 200.000 | 13.375 | 2,617.98 | 2 |
| REALTY INCOME CORP 756109-10-4 | 08-26 | SOLD | 300.000 | 22.625 | 6,646.96 | 2 |
| SBC COMMUNICATIONS CORP INC 78387G-10-3 | 08-02 | SOLD | 100.000 | 50.375 | 4,987.33 | 2 |
| SARA LEE CORP 803111-10-3 | 05-22 | SOLD | 200.000 | 33.375 | 6,619.77 | 2 |
| SPEEDWAY MOTORSPORTS INC 847788-10-6 | 11-08 | SOLD | 100.000 | 23.375 | 2,287.42 | 2 |
| TANDY CORP 875382-10-3 | 01-04 | SOLD | 100.000 | 35.375 | 3,487.38 | 2 |
| | 01-10 | SOLD | 100.000 | 37.50 | 3,699.87 | 2 |
| USCS INTERNATIONAL INC 90330X-10-9 | 08-05 | SOLD | 300.000 | 19.125 | 5,625.01 | 2 |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 3 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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**Wheat, First Securities, Inc.**
901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

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PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, CONTINUED)

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| USFREIGHTWAYS CORP 916906-10-0 | 05-13 | SOLD | 300.000 | 23.625 | 6,943.54 | 2 |
| YOUNG BROADCASTING INC CL A 987434-10-7 | 08-28 | SOLD | 100.000 | 35.25 | 3,456.92 | 2 |
| WEST VIRGINIA ST HOUSING | 01-02 | REDEMPTION | 5,000.000 | | 653.70 | 2 |
| DEV FUND SGLE FAM MTG | 04-15 | REDEMPTION | 5,000.000 | | 674.67 | 2 |
| REV OY-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 956630-BS-5 | 07-01 | REDEMPTION | 5,000.000 | | 689.65 | 2 |
| TOTAL(S) FOR TAX YEAR 1996, FORM 1099-B, OMB NO. 1545-0715 | | | | | | |
| STOCKS, BONDS, ETC.(GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS) | | | | | 141,907.19 | 2 |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 4 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
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BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

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## NON-REPORTABLE ACTIVITY (FOR INFORMATIONAL PURPOSES ONLY)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| ALBERTSONS INC 013104-10-4 | 10-16 | BOUGHT | 100.000 | 34.00 | 3,488.92 DB |
| APPLEBEES INTL INC 037899-10-1 | 10-15 | BOUGHT | 100.000 | 23.625 | 2,435.43 DB |
| | 10-17 | BOUGHT | 100.000 | 24.625 | 2,537.45 DB |
| BENCHMARK ELECTRONICS INC 08160H-10-1 | 08-12 | BOUGHT | 100.000 | 33.375 | 3,420.21 DB |
| BROWNING FERRIS INDS INC 115885-10-5 | 06-14 | BOUGHT | 200.000 | 28.375 | 5,809.84 DB |
| CARDIOGENESIS CORP 14159K-10-5 | 06-25 | BOUGHT | 300.000 | 14.75 | 4,554.25 DB |
| | 09-12 | BOUGHT | 200.000 | 9.75 | 2,024.83 DB |
| COLUMBIA/HCA HEALTHCARE CORP 197677-10-7 | 10-17 | BOUGHT | 100.000 | 36.00 | 3,682.70 DB |
| COX COMMUNICATION INC CL A NEW 224044-10-7 | 09-05 | BOUGHT | 200.000 | 18.25 | 3,759.37 DB |
| | 09-06 | BOUGHT | 100.000 | 18.625 | 1,915.91 DB |
| | 10-01 | BOUGHT | 200.000 | 17.875 | 3,672.43 DB |
| EMCARE HOLDINGS 290820-10-9 | 09-23 | BOUGHT | 100.000 | 25.75 | 2,651.67 DB |
| | 10-29 | BOUGHT | 100.000 | 25.625 | 2,638.98 DB |
| | 11-04 | BOUGHT | 100.000 | 22.125 | 2,282.40 DB |
| | 11-06 | BOUGHT | 100.000 | 18.25 | 1,880.87 DB |
| GRAND METROPOLITAN PLC SPONSORED ADR 386090-30-2 | 02-27 | BOUGHT | 200.000 | 27.00 | 5,528.32 DB |
| | 03-13 | BOUGHT | 100.000 | 26.25 | 2,702.41 DB |
| HOSPITALITY PROPERTIES TRUST COM SH BEN INT 44106M-10-2 | 02-27 | BOUGHT | 200.000 | 26.875 | 5,502.98 DB |
| INTERPUBLIC GRP CO INC 460690-10-0 | 07-24 | BOUGHT | 100.000 | 43.375 | 4,434.18 DB |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 7 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

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## NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| K-III COMMUNICATIONS CORPORATION 482727-10-4 | 06-07 | BOUGHT | 100.000 | 11.50 | 1,183.49 DB |
| | 06-07 | BOUGHT | 400.000 | 11.50 | 4,733.95 DB |
| LEE ENTPR INC COMMON DOMESTIC SHARE CERT 523768-10-9 | 01-23 | BOUGHT | 100.000 | 20.375 | 2,095.34 DB |
| | 01-23 | BOUGHT | 100.000 | 20.375 | 2,095.34 DB |
| LONE STAR STEAKHOUSE SALOON 542307-10-3 | 09-23 | BOUGHT | 100.000 | 31.375 | 3,222.52 DB |
| | 10-28 | BOUGHT | 100.000 | 25.625 | 2,638.98 DB |
| MARRIOTT INTL INC 571900-10-9 | 01-04 | BOUGHT | 100.000 | 40.875 | 4,137.50 DB |
| NEUROCRINE BIOSCIENCES INC 64125C-10-9 | 06-07 | BOUGHT | 500.000 | 10.75 | 5,537.05 DB |
| PEPSICO INCORPORATED 713448-10-8 | 10-01 | BOUGHT | 100.000 | 28.50 | 2,926.71 DB |
| POLYMER GROUP INC 731745-10-5 | 05-22 | BOUGHT | 300.000 | 19.625 | 6,024.43 DB |
| REALTY INCOME CORP 756109-10-4 | 03-04 | BOUGHT | 300.000 | 21.375 | 6,556.21 DB |
| SBC COMMUNICATIONS CORP INC 78387G-10-3 | 02-27 | BOUGHT | 100.000 | 54.625 | 5,557.92 DB |
| SARA LEE CORP 803111-10-3 | 02-16 | BOUGHT | 200.000 | 33.875 | 6,923.44 DB |
| SPEEDWAY MOTORSPORTS INC 847788-10-6 | 10-16 | BOUGHT | 100.000 | 24.625 | 2,537.45 DB |
| TCI SATELLITE ENTMT CL A 872298-10-4 | 12-05 | DISTRIBUTION | 30.000 | | |

| YEAR | Account No | Recipient's ID No | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 8 OF 9 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
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## NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| TNT FREIGHTWAYS CORP 87259J-10-3 | 03-01 | BOUGHT | 200.000 | 20.6875 | 4,254.11 DB |
| | 03-13 | BOUGHT | 100.000 | 22.6562 | 2,329.50 DB |
| TELECOMMUNICATIONS GROUP SER A TCI GROUP COM 87924V-10-1 | 04-08 | BOUGHT | 300.000 | 18.625 | 5,735.33 DB |
| USCS INTERNATIONAL INC 96330X-10-9 | 07-10 | BOUGHT | 200.000 | 18.625 | 3,835.48 DB |
| | 07-15 | BOUGHT | 100.000 | 16.00 | 1,651.78 DB |
| | 09-30 | BOUGHT | 200.000 | 17.625 | 3,632.51 DB |
| | 11-11 | BOUGHT | 100.000 | 17.25 | 1,785.06 DB |
| VITALCOM INC 927917-10-4 | 07-05 | BOUGHT | 300.000 | 14.00 | 4,315.84 DB |
| | 07-31 | BOUGHT | 200.000 | 7.875 | 1,648.76 DB |
| YOUNG BROADCASTING INC CL A 987434-10-7 | 08-13 | BOUGHT | 100.000 | 30.75 | 3,150.68 DB |
| WEST VIRGINIA ST HOUSING DEV FUND SGLE FAM MTG REV 0Y-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 956630-BS-5 | 12-31 | ORIGINAL ISSUE DISCOUNT | 5,000.000 | | 130.46 |

TOTAL(S) FOR TAX YEAR 1996, NON-REPORTABLE

TAX-EXEMPT INTEREST..... 130.46
SECURITIES BOUGHT..... 153,432.53 DB

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0700 | 232-06-2218 | 9 OF 9 |

WHEAT FIRST BUTCHER SINGER

NICK JOE RAHALL II AS CUST FOR
REBECCA A RAHALL UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

EDWARD G RAHALL
304-252-6221

ISSUE DATE: 01/19/97

**Wheat, First Securities, Inc.**
901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
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PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, COPY B "FOR RECIPIENT")

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| BAY NETWORKS INC 072510-10-0 | 07-09 | SOLD | 100.000 | 26.00 | 2,549.91 | 2 |
| BROADBAND TECHNOLOGIES INC 111309-10-0 | 06-05 | SOLD | 100.000 | 32.875 | 3,213.34 | 2 |
| | 07-08 | SOLD | 100.000 | 33.50 | 3,270.64 | 2 |
| LSI LOGIC CORP 502161-10-2 | 03-18 | SOLD | 100.000 | 29.125 | 2,838.89 | 2 |
| | 09-26 | SOLD | 100.000 | 24.50 | 2,406.09 | 2 |
| | 09-26 | SOLD | 200.000 | 25.25 | 4,962.18 | 2 |
| MEDCATH INC 584050-10-8 | 01-25 | SOLD | 300.000 | 22.875 | 6,729.59 | 2 |
| MICROS SYSTEMS INC 594901-10-0 | 04-22 | SOLD | 200.000 | 25.25 | 4,931.67 | 2 |
| PHYCOR INC 71940F-10-0 | 07-18 | SOLD | 100.000 | 32.3125 | 3,153.49 | 2 |
| PUMA TECHNOLOGY INC 745887-10-9 | 12-27 | SOLD | 200.000 | 16.75 | 3,271.32 | 2 |
| QUALCOMM INC 747525-10-3 | 04-26 | SOLD | 200.000 | 40.00 | 7,843.54 | 2 |
| | 06-05 | SOLD | 100.000 | 52.25 | 5,134.88 | 2 |
| | 08-05 | SOLD | 100.000 | 46.75 | 4,595.48 | 2 |
| SILICON GRAPHICS INC 827056-10-2 | 07-31 | SOLD | 100.000 | 23.875 | 2,328.67 | 2 |
| | 09-26 | SOLD | 100.000 | 22.00 | 2,147.68 | 2 |
| | 12-03 | SOLD | 200.000 | 23.625 | 4,618.30 | 2 |
| SOFTKEY INTL INC 83402N-10-9 | 01-16 | SOLD | 300.000 | 14.75 | 4,334.52 | 2 |
| SOLECTRON CORP 834182-10-7 | 08-28 | SOLD | 200.000 | 37.75 | 7,424.21 | 2 |
| SPEEDWAY MOTORSPORTS INC 847788-10-6 | 07-17 | SOLD | 100.000 | 23.875 | 2,330.68 | 2 |
| | 07-17 | SOLD | 100.000 | 23.875 | 2,330.68 | 2 |
| VERIFONE INC 923429-10-4 | 10-22 | SOLD | 200.000 | 34.625 | 6,779.03 | 2 |

| YEAR | Account No | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0350 | 233-17-4890 | 2 OF 6 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

ISSUE DATE- 01/19/97

NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

Attachment 28 - p.1

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901 EAST BYRD ST., RICHMOND, VA. 23219

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PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, CONTINUED)

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| VITALCOM INC 927917-10-4 | 05-06 | SOLD | 300.000 | 18.50 | 5,424.80 | 2 |
| WEST VIRGINIA ST HOUSING | 01-02 | REDEMPTION | 5,000.000 | | 653.70 | 2 |
| DEV FUND SGLE FAM MTG | 04-15 | REDEMPTION | 5,000.000 | | 674.67 | 2 |
| REV OY-11.00% EX-CALL | 07-01 | REDEMPTION | 5,000.000 | | 689.65 | 2 |
| CPN 0.000% DUE 1/01/15 DTD 9/28/83 956638-BS-5 | 10-01 | REDEMPTION | 10,000.000 | | 1,417.26 | 2 |
| TOTAL(S) FOR TAX YEAR 1996, FORM 1099-B, OMB NO. 1545-0715 | | | | | | |
| STOCKS, BONDS, ETC.(GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS) | | | | | 96,054.87 | 2 |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0350 | 233-17-4890 | 3 OF 6 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

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## NON-REPORTABLE ACTIVITY (FOR INFORMATIONAL PURPOSES ONLY)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| BAY NETWORKS INC 072510-10-0 | 06-25 | BOUGHT | 100.000 | 26.50 | 2,727.78 DB |
| BROADBAND TECHNOLOGIES INC 111309-10-0 | 05-24 | BOUGHT | 100.000 | 31.00 | 3,100.00 DB |
| | 06-07 | BOUGHT | 100.000 | 29.50 | 3,015.79 DB |
| LSI LOGIC CORP 502161-10-2 | 03-01 | BOUGHT | 100.000 | 26.125 | 2,689.72 DB |
| | 06-07 | BOUGHT | 100.000 | 27.625 | 2,841.95 DB |
| | 07-08 | BOUGHT | 100.000 | 23.875 | 2,460.96 DB |
| | 07-09 | BOUGHT | 100.000 | 22.00 | 2,262.69 DB |
| MICROS SYSTEMS INC 594901-10-0 | 04-18 | BOUGHT | 200.000 | 21.75 | 4,451.80 DB |
| PHYCOR INC 71940F-10-0 | 07-16 | BOUGHT | 100.000 | 28.1875 | 2,895.02 DB |
| PUMA TECHNOLOGY INC 745887-10-9 | 12-20 | BOUGHT | 200.000 | 14.50 | 2,998.23 DB |
| QUALCOMM INC 747525-10-3 | 04-02 | BOUGHT | 100.000 | 39.75 | 4,072.46 DB |
| | 04-16 | BOUGHT | 100.000 | 32.375 | 3,324.01 DB |
| | 05-24 | BOUGHT | 100.000 | 47.75 | 4,865.12 DB |
| | 07-12 | BOUGHT | 100.000 | 44.50 | 4,554.52 DB |
| SILICON GRAPHICS INC 827056-10-2 | 06-07 | BOUGHT | 100.000 | 24.625 | 2,537.45 DB |
| | 07-09 | BOUGHT | 200.000 | 23.875 | 4,891.00 DB |
| | 09-16 | BOUGHT | 100.000 | 21.875 | 2,252.04 DB |
| SOLECTRON CORP 834182-10-7 | 06-10 | BOUGHT | 100.000 | 39.875 | 4,075.38 DB |
| | 07-10 | BOUGHT | 100.000 | 35.125 | 3,603.09 DB |
| SPEEDWAY MOTORSPORTS INC 847788-10-6 | 07-16 | BOUGHT | 200.000 | 21.25 | 4,362.37 DB |
| VERIFONE INC 923429-10-4 | 10-17 | BOUGHT | 200.000 | 31.875 | 6,525.51 DB |
| VITALCOM INC 927917-10-4 | 04-26 | BOUGHT | 300.000 | 15.75 | 4,852.02 DB |

| YEAR | Account No | Recipient's ID No | Page |
|---|---|---|---|
| 1996 | BK08 6540-0350 | 233-17-4890 | 5 OF 6 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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# Wheat, First Securities, Inc.

901 EAST BYRD ST., RICHMOND, VA. 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

IF THERE ARE NO OTHER STATEMENTS ENCLOSED (LABELED 1099-B, 1099-DIV, 1099-INT, 1099-OID, OR 1099-MISC), OUR RECORDS REFLECT NO IRS-REPORTABLE ACTIVITY FOR YOUR ACCOUNT FOR 1996. THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY. PLEASE CONSULT YOUR TAX ADVISOR AS TO YOUR INDIVIDUAL REPORTING REQUIREMENTS.

IF YOU OWN LIMITED PARTNERSHIP INVESTMENTS, YOU WILL BE RECEIVING TAX INFORMATION VIA SCHEDULE K-1 DIRECTLY FROM THE GENERAL PARTNER. THE IRS ALLOWS THE GENERAL PARTNER UNTIL APRIL 15 TO FURNISH THIS INFORMATION TO YOU.

## NON-REPORTABLE ACTIVITY
(CONTINUED)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| OAK RIDGE TENN INDL DEV BRD MTG REV FHA INSRD BRITISH WOODS APT QY=10% CPN 0.000% DUE 6/01/25 DTD 6/26/85 FC 12/01/10 CALL 6/01/00 @ 38.818 67180E-AY-6 | 12-31 | ORIGINAL ISSUE DISCOUNT | 35,000.000 | | 204.05 |
| WEST VIRGINIA ST HOUSING DEV FUND SGLE FAM MTG REV QY-11.00% EX-CALL CPN 0.000% DUE 1/01/15 DTD 9/28/83 956630-BS-5 | 12-31 | ORIGINAL ISSUE DISCOUNT | 5,000.000 | | 238.10 |

TOTAL(S) FOR TAX YEAR 1996, NON-REPORTABLE

| | |
|---|---|
| TAX-EXEMPT INTEREST | 442.15 |
| SECURITIES BOUGHT | 79,358.89 DB |

| YEAR | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-0350 | 233-17-4890 | 6 OF 6 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
NICK JOE RAHALL III UNDER THE
WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 01/19/97

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SMITH BARNEY

Ref. 00005866 00036486

A Member of Travelers Group



# Select Client Statement Forms 1099 for 1996

*N JOE RAHALL II ACF*

*Account Number 685-00725-10 025 SS # 233-17-4890*

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

## 1099-B Proceeds from Broker and Barter Exchange Transactions 1996

(OMB#1545-0715)

*Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".*

| Reference number | Trade date (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 3) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120000200 | 05/22/96 | 219350105000 | 300 | CORNING INC | $ 39.125 | $ 11,562.65 | |
| 120000300 | 01/01/96 | 956630BS50R0 | 10,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | | 1,307.40 | |
| 120000400 | 04/15/96 | 956630BS50R0 | 10,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | | 1,349.34 | |
| 120000500 | 10/01/96 | 956630BS50R0 | 5,000 | WEST VIRGINIA HSG DEV FD SFMR 0-CPN-TERM APPREC YTM 11.0%-RG SER B-TICOR-DTD 9/28/83-CBLE DUE 01/01/2015 | | 708.63 | |
| **Totals** | | | | | | **$ 14,928.02** | |

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**Wheat, First Securities, Inc.**
901 EAST BYRD STREET, RICHMOND, VIRGINIA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

## CORRECTED 1996 ANNUAL SUMMARY

UNDERLINED ITEMS WERE CORRECTED FROM THE PREVIOUS ANNUAL SUMMARY YOU RECEIVED. ADDITIONALLY, PLEASE NOTE THAT INFORMATION MAY NOW BE EXCLUDED DUE TO THE CORRECTION PROCESS. PLEASE CAREFULLY REVIEW BOTH STATEMENTS.

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. PLEASE VERIFY THAT THE RECIPIENT'S ID NO. BELOW IS YOUR CORRECT TAX IDENTIFICATION NUMBER.

GROSS PROCEEDS ON SALES LESS COMMISSIONS AND OPTION PREMIUMS ARE REPORTED TO THE IRS.

### PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(1996 FORM 1099-B, COPY B "FOR RECIPIENT")

| DESCRIPTION (IRS BOX 5) | DATE (IRS BOX 1A) | ACTIVITY | QUANTITY | PRICE | AMOUNT | IRS BOX |
|---|---|---|---|---|---|---|
| ACCLAIM ENTERTAINMENT INC NEW 004325-20-5 | 01-25 | SOLD | 200.000 | 10.00 | 1,950.00 | 2 |
| ALBERTSONS INC 013104-10-4 | 12-26 | SOLD | 100.000 | 36.625 | 3,612.37 | 2 |
| REALTY INCOME CORP 756109-10-4 | 09-12 | SOLD | 200.000 | 22.625 | 4,451.42 | 2 |
| SARA LEE CORP 803111-10-3 | 03-26 | SOLD | 100.000 | 33.50 | 3,299.88 | 2 |
| SCIENTIFIC ATLANTA INC 808655-10-4 | 02-02 | SOLD | 100.000 | 17.25 | 1,674.94 | 2 |
| | 03-14 | SOLD | 200.000 | 18.375 | 3,619.87 | 2 |
| VKAC AGGRESSIVE GROWTH FUND CL C 92113A-82-7 | 11-15 | SOLD | 321.276 | 9.94 | 3,153.71 | 2 |
| MORGAN STANLEY 87 K3 MULTICLASS CMO CFN 8.425% DUE 9/20/18 DTD 5/20/87 FC 9/20/87 617909-AD-8 | 06-20 | RETURN OF PRINCIPAL | | | 8.15 | 2 |
| | 09-23 | RETURN OF PRINCIPAL | | | 254.65 | 2 |
| | 12-20 | RETURN OF PRINCIPAL | | | 134.57 | 2 |
| TOTAL(S) FOR TAX YEAR 1996, FORM 1099-B, OMB NO. 1545-0715 | | | | | | |
| STOCKS, BONDS, ETC.(GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS) | | | | | 22,159.56 | 2 |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 2 OF 12 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 03/20/97

Member New York Stock Exchange, Inc. and SIPC

**Wheat, First Securities, Inc.**
901 EAST BYRD STREET, RICHMOND, VIRGINIA 23219

PAYER'S FEDERAL IDENTIFICATION NUMBER
54-0796506

## CORRECTED 1996 ANNUAL SUMMARY

UNDERLINED ITEMS WERE CORRECTED FROM THE PREVIOUS ANNUAL SUMMARY YOU RECEIVED. ADDITIONALLY, PLEASE NOTE THAT INFORMATION MAY NOW BE EXCLUDED DUE TO THE CORRECTION PROCESS. PLEASE CAREFULLY REVIEW BOTH STATEMENTS.

IF THERE ARE NO OTHER STATEMENTS ENCLOSED (LABELED 1099-B, 1099-DIV, 1099-INT, 1099-OID, OR 1099-MISC), OUR RECORDS REFLECT NO IRS-REPORTABLE ACTIVITY FOR YOUR ACCOUNT FOR 1996. THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY. PLEASE CONSULT YOUR TAX ADVISOR AS TO YOUR INDIVIDUAL REPORTING REQUIREMENTS

IF YOU OWN LIMITED PARTNERSHIP INVESTMENTS, YOU WILL BE RECEIVING TAX INFORMATION VIA SCHEDULE K-1 DIRECTLY FROM THE GENERAL PARTNER. THE IRS ALLOWS THE GENERAL PARTNER UNTIL APRIL 15 TO FURNISH THIS INFORMATION TO YOU.

### NON-REPORTABLE ACTIVITY (FOR INFORMATIONAL PURPOSES ONLY)

| DESCRIPTION | DATE | ACTIVITY | QUANTITY | PRICE | AMOUNT |
|---|---|---|---|---|---|
| ALBERTSONS INC<br>013104-10-4 | 10-23 | BOUGHT | 100.000 | 34.625 | 3,543.36 DB |
| MFS EQUITY RESEARCH<br>FUND CLASS B<br>552981-20-1 | 03-26 | BOUGHT | 151.423 | 16.51 | 2,500.00 DB |
| | 04-08 | BOUGHT | 30.248 | 16.53 | 500.00 DB |
| | 12-26 | BOUGHT | 3.803 | 18.15 | 69.02 DB |
| | 12-26 | BOUGHT | 5.225 | 18.15 | 94.84 DB |
| | 12-26 | BOUGHT | 54.765 | 18.26 | 1,000.80 DB |
| PERKINS FAMILY RESTR L P<br>EQUITY PARTN SECS<br>714063-10-4 | 02-15 | PARTNERSHIP DIST | | | 65.00 |
| | 05-15 | PARTNERSHIP DIST | | | 65.00 |
| | 08-15 | PARTNERSHIP DIST | | | 65.00 |
| | 11-15 | PARTNERSHIP DIST | | | 65.00 |
| REALTY INCOME CORP<br>756109-10-4 | 03-27 | BOUGHT | 125.000 | 21.25 | 2,739.09 DB |
| | 04-04 | BOUGHT | 75.000 | 20.25 | 1,568.75 DB |
| SARA LEE CORP<br>803111-10-3 | 02-16 | BOUGHT | 100.000 | 34.00 | 3,484.48 DB |
| VKAC AGGRESSIVE GROWTH<br>FUND CL C<br>92113A-82-7 | 06-27 | BOUGHT | 169.492 | 8.85 | 1,500.00 DB |
| | 09-12 | BOUGHT | 53.533 | 9.34 | 500.00 DB |
| | 10-18 | BOUGHT | 48.450 | 10.32 | 500.00 DB |
| | 10-25 | BOUGHT | 49.801 | 10.04 | 500.00 DB |
| DISTRICT COLUMBIA SER A<br>OY=7.30% UT GENL OBLIG<br>CPN 8.000% DUE 6/01/92<br>DTD 5/04/89<br>PRE 6/01/99 @ 83.065<br>254760-QU-8 | 12-31 | ORIGINAL ISSUE DISCOUNT | 10,000.000 | | 469.00 |

TOTAL(S) FOR TAX YEAR 1996, NON-REPORTABLE

| | |
|---|---|
| TAX-EXEMPT INTEREST | 469.00 |
| PARTNERSHIP DISTRIBUTIONS | 260.00 |
| SECURITIES BOUGHT | 18,499.54 DB |

| Year | Account No. | Recipient's ID No. | Page |
|---|---|---|---|
| 1996 | BK08 6540-1050 | 233-25-9977 | 8 OF 12 |

WHEAT FIRST BUTCHER SINGER

EDWARD G RAHALL
304-252-6221

NICK JOE RAHALL II AS CUST FOR
SUZANNE NICOLE RAHALL UNDER
THE WV GIFTS TO MINORS ACT
110 1/2 MAIN ST
BECKLEY WV
25801-4611

ISSUE DATE: 03/20/97

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Member New York Stock Exchange, Inc. and SIPC

DEAN WITTER REYNOLDS INC.

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1996



NICK JOE RAHALL II
1301 DELAWARE AVENUE SW #409N

Account Number AE
642 115917 145

### Assets

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 12-23 | Direct Purchase | 1.286 | DEAN WITTER DIVIDEND GROWTH | 44.7500 | 57.57 | REINVESTMENT DIVIDEND REINVESTMENT |

### Income

| Date | Activity | Description | Amount | Income Category |
|---|---|---|---|---|
| 11-29 | Dividend | DEAN WITTER LIQUID ASSET FUND | 11.02 | Money Market Funds |
| 12-23 | Dividend | DEAN WITTER GLOBAL UTILITIES | 5.40 | Mutual Funds |
| 12-23 | Dividend | DEAN WITTER UTILITY FUND | 41.61 | Mutual Funds |
| 12-23 | Dividend | DEAN WITTER DIVIDEND GROWTH | 57.57 | Mutual Funds |
| 12-31 | Dividend | DEAN WITTER LIQUID ASSET FUND | 12.18 | Money Market Funds |
| | | **Total Income** | **$127.78** | |

### Money Market

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| | | Closing Balance as of 10/31 | 2,808.15 | |
| 11-29 | Dividend Reinvestment | DEAN WITTER LIQUID ASSET FUND | 11.02 | |
| 12-31 | Dividend Reinvestment | DEAN WITTER LIQUID ASSET FUND | 12.18 | |
| | | **Closing Balance as of 12/31** | **2,831.35** | |

### Other

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 12-23 | L/T Capital Gain | TCW/DW CORE EQUITY TRUST | 197.57 | TRANSACTION AT FUND COMPANY |
| 12-23 | L/T Capital Gain | DEAN WITTER UTILITY FUND | 21.35 | TRANSACTION AT FUND COMPANY |
| 12-23 | L/T Capital Gain | DEAN WITTER AMERICAN VALUE | 99.13 | TRANSACTION AT FUND COMPANY |
| 12-23 | S/T Capital Gain | DEAN WITTER AMERICAN VALUE | 152.75 | TRANSACTION AT FUND COMPANY |
| 12-23 | L/T Capital Gain | DEAN WITTER DIVIDEND GROWTH | 54.38 | TRANSACTION AT FUND COMPANY |
| | | **Total** | **525.18** | |

### Dean Witter Fund Summary

| | Ytd Dividends | Ytd Cap Gains | Ytd Taxes | Ytd Redemptions | Ytd Purchases | Features |
|---|---|---|---|---|---|---|
| TCW/DW CORE EQUITY TRUST | 0.00 | 370.92 | 0.00 | 0.00 | 370.92 | Reinvest Dividends and Capital Gains |
| DEAN WITTER GLOBAL UTILITIES | 42.99 | 0.00 | 0.00 | 0.00 | 42.99 | Reinvest Dividends and Capital Gains |
| DEAN WITTER UTILITY FUND | 163.98 | 21.35 | 0.00 | 0.00 | 185.33 | Reinvest Dividends and Capital Gains |
| DEAN WITTER AMERICAN VALUE | 2.15 | 556.09 | 0.00 | 0.00 | 558.24 | Reinvest Dividends and Capital Gains |
| DEAN WITTER LIQUID ASSET FUND | 45.05 | 0.00 | 0.00 | 30.00 | 2,636.17 | Reinvest Dividends |
| DEAN WITTER DIVIDEND GROWTH | 103.06 | 62.27 | 0.00 | 0.00 | 165.33 | Reinvest Dividends and Capital Gains |

97 MAY 15 PM 2:19

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

JAMES MARVIN RAMSTAD
(Full Name)

2618 CROSBY ROAD
(Mailing Address)

WAYZATA, MN 55391

Daytime Telephone
(202) 225-2871

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Minnesota District Third | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-97

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAMES MARVIN RAMSTAD



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | Block C | | | | | Block D | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* SP | Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | Woodworth Farmers Group | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | Legislative Retirement Plan * | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* No income derived

**For additional assets and unearned income, use next page.**

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES MARVIN RAMSTAD



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST* | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Farm property - North Dakota, total of 960 acres (no improvements) and undivided one-half interest in parcels totaling 800 acres (one parcel with farm buildings). | | | | | | X | | | | | | | X | | | | | | | | | | X | (Gross | and | | | Net) |

This page may be copied if more space is required.

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Norwest Bank, Wayzata, MN | Checking acct/Credit reserve | X | | | | | | | | | |
| | Norwest Bank, Minneapolis, MN | Personal Loan | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | NONE | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Advisory Board Member | Lake Country Food Bank |
| Board Member | Violence Against Women Coalition |
| Board Member | Minnesota D.A.R.E. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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HAND DELIVERED
(Office Use Only)

Charles Bernard Rangel
(Full Name)

2354 Rayburn House Office Bldg.
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202 225 4365

| | | | | |
|---|---|---|---|---|
| Filer Status | XX Member of the U.S. House of Representatives | State New York District 15th C.D. | Officer or Employee | Employing Office |
| Report Type | XX Annual (May 15) | Amendment | Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability under than $10,000 during the reporting period? **If yes, complete and attach Schedule V** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application, and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 15, 1997

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| Name | Page 2 of 6 |
|---|---|
| Charles Bernard Rangel | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| *Examples* XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| American Trucking Associations, WDC | Speech | May 8, 1996 | 2,000. |
| The Washington Discussion Group, WDC | Speech | Sep 24, 1996 | 2,000. |

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Name Charles Bernard Rangel | Page 3 of 6

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST) | Block D: Amount of Income (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp Stock | C | DIVIDENDS | II | P |
| | 123 Main St., Dover, Del | F | RENT | VII | |
| | 1st Bank of Paducah, KY accounts | E | INTEREST | IV | |
| | 74 West 132nd Street, NY, NY | D | | II | |
| | Punta Cana Beach Villa, Dom Rep | D | | II | |
| | New England Mutual Life, Boston, MA | B | | II | |
| | | | | | |
| | | | | | |
| | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | CitiBank, New York, NY | Mortgage on 74 W 132nd St. New York, NY | | | X | | | | | | | |
| | Punta Cana Beach Villa, Dom Rep | Mortgage on Punta Cana Condo | | X | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NBC, Washington, DC | 4/27-28 | NYC-WDC-NYC | N | N | N | N |
| | Amistad Research Center New Orleans, LA | 5/18-19 | NYC-NO-NYC | Y | Y | N | N |
| | Foley, Cognetti & Comerford Scranton, PA | 7/22 | NY-Phil-WDC | N | N | N | N |
| | National Medical Assn, WDC | 7/27-28 | NYC-Chicago-NYC | Y | Y | N | N |
| | National Urban League, NY, NY | 8/12-13 | NYC-NO-NYC | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Board Member | Harlem Community Development Corporation |
| Chairman of the Board | Apollo Theater Foundation |
| Board Member | Congressional Black Caucus Foundation |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Ralph Regula
(Full Name)

2309 Rayburn HOB
(Mailing Address)

(202) 225-3876
Daytime Telephone

Washington, DC 20515

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [x] Member of the U.S. House of Representatives | State Ohio District 16th | [ ] Officer or Employee | Employing Office |
| Report Type | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [x] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [x] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [x] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [x] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [x] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [x] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [x] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [x] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [x] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL**

**DATE** (Month/Day/Year) May 14, 1997

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| Name | Page 1 of 1 |
|---|---|
| Ralph Regula | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Ohio Public Employees Retirement System | Employer-Employee Funded Retirement | $335.00 |

For payments to charity in lieu of honoraria, use Schedule II.

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| Name Ralph Regula | Page 1 of 1 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| American Council on Education Fellows Program | Participation in Federal Budget Exercises | June 15, 1996 | $ 1000. |
| USX Corporation | Speech | May 15, 1996 | 2000. |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ralph Regula



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | United Bank - Stocks and Savings, including IRA | | | | | | X | | | | | | X | | X | | | | | | | | X | | | | | | |
| | J.M. Smucker - Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Navarre Deposit Bank, Stock and Savings, including IRA | | | | X | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Stock Exchange for CBC Bank Stock October 1996 | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | E |
| | Crown Cork & Seal, Inc. | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph Regula



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Undivided 1/2 int. in 122 acres, Bethlehem Twp., Stark County, Ohio | | | | x | | | | | | | | Royalty-Rent | | | | | | | | x | | | | | | | | | |
| | 200 acres, Bethlehem Twp., Stark County, Ohio (exclusive of residence | | | | | x | | | | | | | Royalty-Rent | | | | | | | | x | | | | | | | | | |
| | I&C Credit Union, Canton, Ohio IRA (Savings Account) | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | | |
| | Wayne National IRA (Savings Account) | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | | |
| | Regula Bros., Beach City, Ohio - Partnership - Livestock, Farm Equipment, Transportation Equipment | | | | x | | | | | | | | Partnership Distribution | | | | | | | x | | | | | | | | | | |

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2892

## SCHEDULE IV — TRANSACTIONS

Name Ralph Regula



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Navarre Deposit Bank to CBC Corp. | | | X | Oct. 1996 | | | X | | | | | | | |

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Name Ralph Regula | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | United Bank, Beach City, Ohio | Business Loan | | | X | | | | | | | |
| | United Bank, Canton, Ohio | Mortgage, 8640 Erie Ave. SW Navarre, Ohio | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

| Name | Ralph Regula | Page 1 of 1 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Regula Brothers Partnership |
| Trustee | Mt. Union College |
| Trustee | Stark Wilderness Center |
| Trustee | McKinley Museum |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 AM 11:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

SILVESTRE REYES
(Full Name)

732 AZALEA
(Mailing Address)

EL PASO, TEXAS 79922

Daytime Telephone
(915)585-2817

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State TEXAS District 16TH | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

2896

| Name | SILVESTRE REYES | Page 2 of 5 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. IMMIGRATION SERVICE, WASHINGTON, D.C. | ACCRUED VACATION AT RETIREMENT | 19,647 |
| | BANK OF THE WEST, EL PASO, TEXAS 79901 | IRA DISTRIBUTION | 60,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: SILVESTRE REYES



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples.* | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | GOVERNMENT EMPLOYEES CREDIT UNION | | | | X | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | P.O. BOX 20998, EL PASO, TX 79998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | BANK OF THE WEST | | | | X | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | P.O. BOX 99100, EL PASO, TX 79999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SILVESTRE REYES

Page 4 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | RUIDOSO STATE BANK, RUIDOSO, NEW MEXICO | MORTGAGE ON LAND/RUIDOSO N.M. | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
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| | | |

**Use additional sheets if more space is required.**

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U.S. HOUSE OF REPRESENTATIVES

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

Frank Duncan Riggs
(Full Name)

P.O. Box 590, Windsor, CA 95492 707 838-3613
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State CA District 1st | ☐ Officer or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ | No ☐ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☑ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☑ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ | No ☐ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Frank D. Riggs

**DATE** (Month/Day/Year) May 15, 1997

Name Frank Riggs | Page 1 of 7

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Kirk Veale, Santa Rosa, CA | Spouse Commission | N/A |
| | Riggs Research, Alexandria, VA | Spouse Income | N/A |
| | Bishop Ireton High School, Alexandria VA | Basketball Coach Stipend | $900.? |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frank Riggs | Page 2 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | *Examples* 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | 155 Mariner Dr. Windsor CA | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 701 Pennsylvania Ave #618 Washington DC | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 25% partnership interest Corp in Hampstead Landing Assoc in CA gen'l partnership + owners of 37 acres at 3355 Petaluma Blvd So. Petaluma, CA | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank Riggs



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Lien to secure judgment recorded against title of property at Wilson Ln & Conda Ln, Windsor, CA | X | | | | | | | | | | | Rental Income | | | | | | | | | | X | | | | | | S |
| JT | Judgment against Richard for P. & Nancy Gardner Richard Gardner Construction Inc. & W. Robert Walker & Sherry Walker. | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Frank Riggs | Page 4 of 7

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | Lien on Condo Ln, Windsor | | | X | | 3-27-96 | X | | | | | | | | | |

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Name Frank Riggs | Page 5 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | North American Mortgage Company Petaluma, CA | Mortgage on 1[illegible] [illegible] Dr. Windsor | | | | X | | | | | | |
| JT | Chase Manhattan Mortgage Columbus, Ohio | Mortgage on 701 Pennsylvania Ave #1018 DC | | | X | | | | | | | |
| JT | Chevy Chase FSB Chevy Chase, Maryland | Mortgage on 701 Pennsylvania #1018 | | X | | | | | | | | |
| JT Corp | M&H Enterprises 25 Point | Note on 3355 Petaluma Blvd Rd, CA | | | X | | | | | | | |
| JT | Sonoma National Bank Santa Rosa, CA | Business loan | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
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| | | | |

**Use additional sheets if more space is required.**

Name Frank Riggs | Page 6 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | National Bank of Burlingame Simon Rosen, CA | Business loan | X | | | | | | | | | |
| JT | Buttenshell Marine Emp. Retirement Trust c/o Paul Michalczyk | Business loan | X | | | | | | | | | |
| JT | Wright Patman Congressional Federal Credit Union | loan for School tuition | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
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| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Frank & Cathy Riggs Inc. |
| Director | Faire Advantage Inc. (A children's Education non-profit) |
| Partner | Haystack Landing Assc. Cal's. General Partnership |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(15)

97 MAY 21 AM 9:34
U.S. HOUSE OF REPRESENTATIVES

Robert R. Riley
(Full Name)

700 County Road 5
(Mailing Address)

Daytime Telephone

Ashland, AL 36251

FOR OFFICE USE ONLY
MAY 15 1997

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Alabama District 3rd | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Robert R. Riley

DATE (Month, Day, Year): 5/13/97

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| Name Robert R. Riley | Page 1 of 1 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Midway Ford, Inc., Ashland, Alabama | Salary | 26,000 |

For payments to charity in lieu of honoraria, use Schedule II.

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| Name | Page 1 of 1 |
|---|---|
| Robert R. Riley | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| X-Y-Z Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Robert R. Riley



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP / DC / JT | Block A: Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Randolph Co., AL Utility Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | AL State G/O Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Birmingham Med. Cnt Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Ford Motor Credit Notes | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Huntsville AL G/O Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Mobile AL I/D Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Tarrant City, AL I/D Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | University of Alabama G/T Bonds | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Denver Airport Bds 91 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Denver Airport Bds 93 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Denver Airport Bds 92 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Eaton-Vance AL Tax Free 93 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | S |
| | Eaton-Vance AL Tax Free 94 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Gadsden, AL Med. Bd. | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Georgia Mun. Authority | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Hale County AL Water Board | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Homewood, AL Hosp. Bds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Jefferson County, AL | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Lineville, AL G/O Bds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Monroeville, AL Water Bd Bds. | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley

Page 3 of 6

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Birmingham Airport Auth. Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Courtland, AL IDB Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Decatur, AL Pub. Hsg. Auth. Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Huntsville, AL IDB Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Mobile, AL IDB Bonds | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Mobile, AL IDB Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Mobile, AL Pub. Hgs. Auth. Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Scottsboro, AL IDB Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | University of Alabama IDB Bonds | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Selma, AL IDB Bds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 65 shares Cadence, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | S |
| | 30 shares Hewlett Packard | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | S |
| | 50 shares Gartner Group | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | S |
| | Bosh-Greentree Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | S |
| | 220 shares S-3, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Robert R. Riley



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 60 shares Altera | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 140 shares Ascend Comm. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 120 shares Bay Network | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 100 shares Boston Scientific | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 70 shares C-Cabe Micro | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 150 shares Cognex Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 100 shares Hummingbird Comm. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 45 shares IDEXX Lab | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 105 shares Informix | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 100 shares Macromedia | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 65 shares McAfee Assoc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 55 shares Medtronics | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 90 shares Peoplesoft, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Quarterdeck Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 80 shares Stratacom | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 70 shares Structural Systems | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 65 shares Sun Microsystems | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 3 Com. Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 45 shares U.S. Robotics | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 30shares United Healthcare | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 60 shares Watson Pharm. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Site Base Media | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | House and lot Ashland, AL | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | House and lot, Ashland, AL | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | House and lot, Tuscaloosa, AL | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | House and lot, Ashland, AL | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Condo, Sarasota, FL | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 10 acres land, Ashland, AL | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | 80 acres land, Randolph, AL | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | 80 acres land, ClayCounty, AL | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 70% Midway Ford, Inc., Ashland, AL | | | | | | X | | | | | | X | | X | X | | | | | X | | | | | | | | |
| | Southland Mfg. Co., Ashland, AL | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 50% Midway Transit, Inc., Ashland, AL | | | | | X | | | | | | | X | | X | | | | | | | | X | | | | | | |
| | 50%Riley Investment-A partnership | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 50% Woodland Hills-partnership | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| | EMC Ltd.-partnership | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 50% Ashland Plaza, Ashland, AL | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | 50% Raintree Development | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | E.D. Riley, Jr. Investments-partnership | | | | | | X | | | | | | X | | | X | X | | | | X | | | | | | | | |
| | Dell Computer Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Electronics for Imaging Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Picturetel Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Exren Industries, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Merry Go Round Enterprises | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | S |
| | Centennial Money Market Trust | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |

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## SCHEDULE IV — TRANSACTIONS

Name: Robert R. Riley



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Altera Corporation | | X | | 01-23-96 | X | | | | | | | | | |
| | Ascend Communications Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Bay Networks, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Boston Scientific Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | C- Cube Microsystems | | X | | 01-23-96 | X | | | | | | | | | |
| | Cadence Design Systems, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Cognex Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | Gartner Group | | X | | 01-23-96 | X | | | | | | | | | |
| | Green Tree Financial Corp. | | X | | 01-17-96 | X | | | | | | | | | |
| | Hewlett-Packard Co. | | X | | 01-10-96 | X | | | | | | | | | |
| | Hummingbird Comm. LTD | | X | | 01-23-96 | X | | | | | | | | | |
| | Idexx Laboritories, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Informix Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | Marcomedia Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | McAfee Associates | | X | | 01-23-96 | X | | | | | | | | | |
| | Medtronics Inc. | | X | | 01-23-96 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Page 2 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Peoplesoft, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Peoplesoft, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Quarterdeck Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | S3 Inc. | | X | | 01-19-96 | X | | | | | | | | | |
| | Stratacom, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Structural Dynamics Resh. Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | Sun Microsystems Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | 3 Com Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | U.S. Robotics Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | United Healthcare Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | Watson Pharmaceuticals, Inc. | | X | | 01-23-96 | X | | | | | | | | | |
| | Site Base Media | | X | | 01-23-96 | | | X | | | | | | | |
| | Eaton Vance Muni. Trust | | X | | 01-23-96 | X | | | | | | | | | |
| | Dell Computer Corp. | | X | | 01-23-96 | X | | | | | | | | | |
| | Electronics For Imaging Corp. | | X | | 01-16-96 | X | | | | | | | | | |
| | Picturetel Corp. | | X | | 01-23-96 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Robert R. Riley

Page 3 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Exten Industries | | X | | | X | | | | | | | | | |
| | Merry Go Round Enterprises | | X | | | X | | | | | | | | | |
| | Centennial Money Market Trust | | X | | | X | | | | | | | | | |

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| Name | Page 1 of 1 |
|---|---|
| Robert R. Riley | |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | SouthTrust Bank, Clay County | Personal Loan | | | X | | | | | | | |
| | AmSouth Bank, Anniston, AL | Personal Loan | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Riley and Riley Investments |
| Partner | E.D. Riley, Jr. Family Limited Partnership |
| Partner | Woodland Hills Apartments |
| Stockholder | E.M.C. Properties, LTD |
| Stockholder | Midway Transit, Inc. |
| Stockholder | Midway Ford, Inc. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO 1997 38-554 (mac.)

Use additional sheets if more space is required.

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Stockholder | Southland Manufacturing Co., Inc. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO 1997 38-551 (mac)

**Use additional sheets if more space is required.**

**BOB RILEY**
3RD DISTRICT, ALABAMA
NATIONAL SECURITY
SUBCOMMITTEE ON
MILITARY READINESS
SUBCOMMITTEE ON
MILITARY RESEARCH AND DEVELOPMENT
DEPOT CAUCUS
BANKING AND FINANCIAL SERVICES
SUBCOMMITTEE ON
CAPITAL MARKETS AND SECURITIES
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

97 JUN 11 PM 4:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515–0103**

510 CANNON BUILDING
WASHINGTON, DC 20515–0103
PHONE (202) 225–3261
FAX (202) 225–5827

104 FEDERAL BUILDING
POST OFFICE BOX 2042
ANNISTON, AL 36202
PHONE (205) 236–5655
FAX (205) 237–9203

107 FEDERAL BUILDING
OPELIKA, AL 36801
PHONE (334) 745–6221
FAX (334) 742–0109

June 11, 1997

HAND DELIVERED

7

MC

The Honorable Robin Carle
Clerk of the House
Office of Records and Registration
B106 Cannon House Office Building
Washington, DC 20515

Dear Madam Clerk:

Please accept the following amended Form B for the period covered January 1, 1995 through December 31, 1995, and Form A for the calendar year 1996. The following items detailed below were inadvertently omitted from one or both reports.

(1) E.D. Riley, Jr. Family Limited Partnership. This partnership was created by my father in December, 1994.

(2) 150 Acres of land, Highway 31 North, Ashland, Alabama.

(3) 600-Acre Farm, 700 County Road 5, Ashland, Alabama. This is a part of my personal residence.

(4) Dell Computer stock was owned prior to 1995 and was sold in 1996.

(5) Electronics for Imaging stock was purchased prior to 1995 and was sold in 1996.

(6) Picturetel stock was owned prior to 1995 and was sold in 1996.

(7) 200 shares of Southtrust Bank was owned prior to 1995 and was sold in 1996.

(8) Exten Industries was owned prior to 1995.

(9) Merry Go Round Enterprises stock was owned prior to 1995.

(10) Centennial Money Market Trust was owned prior to 1995.

Page Two
Honorable Robin Carle
June 11, 1997

Details describing these assets and transactions are reflected in the attached amended schedules to my financial disclosure statements.

Sincerely,

Bob Riley
Member of Congress

BR/drm

97 JUN 11 PM 4:45

U.S. HOUSE OF REPRESENTATIVES

**HAND DELIVERED**

(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees.

Robert R. Riley
(Full Name)

700 County Road 5
(Mailing Address)

Daytime Telephone

Ashland, AL 36251

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: Alabama District: 3rd | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date: |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | [X] | [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | [ ] | [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | [X] | [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | [X] | [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | [X] | [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | [ ] | [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | [ ] | [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | [X] | [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | [ ] | [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trust" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert R. Riley

DATE (Month/Day/Year): 5/13/97

2926

SCHEDULE III — ASSETS AND UNEARNED INCOME
Continuation Sheet (if needed)

Name Robert R. Riley

Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 70 shares Structural Systems | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 65 shares Sun Microsystems | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 3 Com. Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 45 shares U.S. Robotics | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 30shares United Healthcare | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 60 shares Watson Pharm. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Site Base Media | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | 600 County Road 5 House and lot Ashland, AL | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Highway 77 South House and lot, Ashland, AL | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 405 East Orange Street House and lot, Tuscaloosa, AL | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Liberty Church Road House and lot, Ashland, AL | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 5055 Gulf of Mexico Drive Condo, Sarasota, FL | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Highway 9 North 10 acres land, Ashland, AL | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Lake Wedowee Road 80 acres land, Randolph, AL | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | 80 acres land, ClayCounty, AL ~~Olive Branch Road~~ | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |

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# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley

Page 6 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 70% Midway Ford, Inc., Ashland, AL | | | | | | X | | | | | | X | | X | X | | | | | X | | | | | | | | |
| | Southland Mfg. Co., Ashland, AL | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 50% Midway Transit, Inc., Ashland, AL | | | | | X | | | | | | | X | | X | | | | | | | | X | | | | | | |
| | 50%Riley Investment-A partnership | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 50% Woodland Hills-partnership | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| | EMC Ltd.-partnership | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 50% Ashland Plaza, Ashland, AL | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | 50% Raintree Development | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 5% E.D. Riley, Jr. Family Ltd. Partnership | | | X | | | | | | | | | X | | X | X | | | | | | | X | | | | | | |
| | Dell Computer Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Electronics for Imaging Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Pictureel Corp. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Exten Industries, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Merry Go Round Enterprises | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Centennial Money Market Trust | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert R. Riley



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 150 acres, Ashland Highway 31 N | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | |
| | 200 shares SouthTrust Bank | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| | 700 County Road 5<br>600 acre farm, Ashland | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert R. Riley

Page 3 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B | C $15,001–$50,000 | D | E $100,001–$250,000 | F | G $500,001–$1,000,000 | H | I $5,000,001–$25,000,000 | J | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | 200 Shares ST Bank | | X | | 1-23-96 | X | | | | | | | | | |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(4) 97 MAY -1 PM 1:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

LYNN NANCY RIVERS
(Full Name)
518 Second Street
Ann Arbor MI 48103
(Mailing Address)
(202) 225-6261
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State District | ☐ Officer or Employee | Employing Office |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes ☐ No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** | Yes ☐ No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes ☒ No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** | Yes ☐ No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Lynn N. Rivers

DATE (Month, Day, Year): 4/30/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | FORD MOTOR COMPANY | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LYNN NANCY RIVERS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| SP | FORD MOTOR COMPANY PENSION | | | | | | | | | | | | | | | | | | | NA | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

**Exclude**: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | M-CATS EDUCATION AND RESEARCH FOUNDATION ADVISORY BOARD |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

LYNN NANCY RIVERS
(Full Name)
518 Second Street
Ann Arbor MI
(Mailing Address)
Daytime Telephone (202) 225-6261

Filer Status: ☐ Member of the U.S. House of Representatives — State District ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☒ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ |
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| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
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| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

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SIGNATURE OF REPORTING INDIVIDUAL: Lynn N. Rivers

DATE (Month/Day/Year): 5/13/97

2985

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
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| | FORD MOTOR COMPANY | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LYNN NANCY RIVERS | Page 3 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A: Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | FORD MOTOR COMPANY PENSION | | X | | | | | | | | | | | | | | | | | | | NA | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | M-CATS EDUCATION AND RESEARCH FOUNDATION ADVISORY BOARD |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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U.S. HOUSE OF REPRESENTATIVES

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2939

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

CIRO D. RODRIGUEZ
(Full Name)

363 W. HARDING, SAN ANTONIO, TX 78221
(Mailing Address)

Daytime Telephone (202) 225-1640

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State TX District 23 | [ ] Officer or Employee | Employing Office | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ciro D. Rodriguez

DATE (Month Day Year): 5-15-97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| OUR LADY OF THE LAKE UNIV, SAN ANTONIO, TX | SALARY | >12,000. |
| STATE OF TEXAS, HOUSE OF REPRESENTATIVES | SALARY | $8,304. |
| SOUTHWEST CAPITAL, SAN ANTONIO, TX | SALARY / FEE | $1,200. |
| SOUTH SAN ANTONIO INDEP. SCHOOL DISTRICT, SAN ANTONIO, TX | SPOUSE SALARY | NA |
| TRINITY UNIVERSITY, SAN ANTONIO, TX | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CIRO D. RODRIGUEZ

Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000) | Block C (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST) | Block D (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000) | Block E (P, S, E) |
|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | SP | Mega Corp Stock | X | X | P |
| | | | 123 Main St., Dover, Del | X | | |
| | | | 1st Bank of Paducah, KY accounts | X | X | |
| | 371 W. HARDING, SAN ANTONIO, TX | | X | X | X | |
| | 307 SIRINE, SAN ANTONIO, TX | | X | X | X | |
| | TEACHERS' INSURANCE & ANNUITY ASSOCIATION / COLLEGE RETIREMENT EQUITIES FUND, NEW YORK, NY | | X | X X X | – NA – | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | EDDIE EBNER, SAN ANTONIO, TX | MORTGAGE ON 371 W. Harding, San Antonio, TX | X | | | | | | | | | |
| | HOMESIDE LENDING (FORMERLY BANC PLUS) SAN ANTONIO, TX | MORTGAGE ON 307 SHINE, SAN ANTONIO, TX | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| BOARD MEMBER | SOUTHWEST CAPITAL FOUNDATION, SAN ANTONIO, TX |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(a)

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mc
(Office Use Only)

Timothy J. Roemer
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-3915

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: Indiana District: 3rd | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 1.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
05-15-97

2944

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Page 3 of 9 |
|---|---|
| Timothy J. Roemer | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| X-Z Magazine | Article | Aug. 13, 1996 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Timothy J. Roemer



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Type of Income | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | DIVIDENDS | | | | | | | | | | | P, S, E |
| | | | | | | | | | | | | | RENT | | | | | | | | | | | |
| | | | | | | | | | | | | | INTEREST | | | | | | | | | | | |
| | | | | | | | | | | | | | CAPITAL GAINS | | | | | | | | | | | |
| | | | | | | | | | | | | | EXCEPTED TRUST | | | | | | | | | | | |
| | | | | | | | | | | | | | QUALIFIED BLIND TRUST | | | | | | | | | | | |
| SP | Examples: Mega Corp Stock | | | X | | | | | | | | | X | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | X | | | | | X | | | | | | |
| JT | Cong. Federal Credit Union | | X | | | | | | | | | | X | X | | | | | | | | | | NA |
| JT | 1420 N. Oak Hill Dr. (Condominium) South Bend, IN | | | | X | | | | | | | | X | | X | | | | | | | | | NA |
| JT | First Deposit National Bank Certificate of Deposit -Tilton, NH | X | | | | | | | | | | | X | | X | | | | | | | | | S |
| JT | Procter & Gamble Stock P.O.Box 5572,Cincinnati, OH 45201 | | X | | | | | | | | | X | | X | | | | | | | | | | P |
| JT | Morton International, Inc. Stock P.O. Box 2500, Jersey City, NJ 07303 | | X | | | | | | | | | X | | X | | | | | | | | | | P |
| JT | Oakmark Fund P.O. Box 8510, Boston, MASS 02266 | | | X | | | | | | | | X | | | | X | | | | | | | | NA |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Timothy J. Roemer



| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | T. Rowe Price, IRA | | X | | | | | | | | | | N/A | | | | | | | N/A | | | | | | | | | NA |
| JT | 20th Century Vista Mutual Fund P.O. Box 419200, Kansas City, MO | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | NA |
| JT | Wasatch Aggressive Equity Fund 207 E. Buffalo St., Mil., WI 53202 | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | NA |
| JT | Vanguard U.S. Growth Fund P.O. Box 2600, Valley Ford, PA | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | NA |
| JT | Vanguard International Growth Fund P.O. Box 2600, Valley Ford, PA | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | NA |
| JT | Vanguard Explorer Fund P.O. Box 2600, Valley Ford, PA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| JT | Vanguard VSP Health Care Fund P.O. Box 2600, Valley Ford, PA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | NA |
| JT | Vanguard Index-Emerging Markets Fund P.O. Box 2600, Valley Ford, PA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | NA |

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## SCHEDULE IV — TRANSACTIONS

Name Timothy J. Roemer



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | First Deposit National Bank - CD | | X | X | 4-19-96 | X | | | | | | | | | |
| JT | Procter & Gamble Stock | X | | | 1-31-96 | X | | | | | | | | | |
| JT | Morton, International Stock | X | | | 4-3-96 | X | | | | | | | | | |
| JT | Vanguard Explorer Fund | | X | X | 1-29-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Norwest Mortgage Company | Mortgage on 1420 N. Oak Hill South Bend, IN | | | X | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Democratic Leadership Council | May 3,4,5 | Wash.,DC-NewOrleans,Wash,DC | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| None | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO: 1997 38-554 (mac)

**Use additional sheets if more space is required.**

LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 5:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

James Edward Rogan
(Full Name)
502 Cannon House Office Building
(Mailing Address)
Washington, D.C. 20515-0527
(Daytime Telephone)
(202) 225-4176

(Office Use Only)
97 MAY 15 PM 4:39

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State: California District: 27th | ☒ Officer or Employee | Employing Office | |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | | ☐ Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes ☐ | No ☒ |
| IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** | Yes ☒ | No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| EXEMPTION—Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James Rogan

DATE (Month/Day/Year): 05-15-97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of California (Assembly) | Salary | 76,167 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash , D C | Speech | Feb 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug 13, 1996 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James E. Rogan



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | DIVIDENDS | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | X | | | | | | | | RENT | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | INTEREST | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | CAPITAL GAINS | | | | | X | | | | | | |
| | | | | | | | | | | | | | EXCEPTED TRUST | | | | | | | | | | | |
| | | | | | | | | | | | | | QUALIFIED BLIND TRUST | | | | | | | | | | | |
| | County of Los Angeles – Deferred Earnings (401 K) | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Pacific Mutual GIC | | X | | | | | | | | | | 401 (K) | NA | | | | | | | | | | |
| | B. Great Western Bank | | X | | | | | | | | | | 401 (K) | NA | | | | | | | | | | |
| | C. First Interstate Bank (not self directed) | | X | | | | | | | | | | 401 (K) | NA | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James E. Rogan



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | County of Los Angeles - Savings Plan (401K) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Pacific Mutual GIC | | | X | | | | | | | | | | | 401 | (K) | | | NA | | | | | | | | | | |
| | B. Great Western Bank | | | X | | | | | | | | | | | 401 | (K) | | | NA | | | | | | | | | | |
| | C. First Interstate Bank (not self directed) | | | X | | | | | | | | | | | 401 | (K) | | | NA | | | | | | | | | | |
| | Home Savings of America (IRA savings acct) | | | X | | | | | | | | | | IRA Rollover | | | | | | NA | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name James E. Rogan



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |

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2958

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| Termination date as a County employee<br>5-9-94 | County of Los Angeles<br>(ACCOUNTS LEFT OVER FROM MY AND STATE COURT JUDGE) | 401 (K) and IRA<br>SERVICE AS A COUNTY PROSECUTOR |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.



42-411 97 - 18

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 AM 11:39

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(3)

Harold Dallas Rogers
(Full Name)

2468 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

(202) 225-4601
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District: Kentucky 5 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Harold Rogers

DATE (Month/Day/Year): May 15, 1997

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Harold Dallas Rogers

Page 1 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST) | Block D: Amount of Income (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP / DC / JT | *Examples* — SP: Mega Corp Stock | C | DIVIDENDS | II | P |
| | 123 Main St., Dover, Del | F | RENT | | |
| | 1st Bank of Paducah, KY accounts | D | INTEREST | IV | |
| | First Commerce Bancorp, Kentucky (stock) | B | DIVIDENDS | II | |
| | Citizens Bancshares, Kentucky (stock) | H | DIVIDENDS | V | |
| | Southern Belle Dairy, Kentucky (stock) | A | none | I | |
| | Congressional Federal Credit Union | B | INTEREST | II | |
| | Personal Residence Apartment Rental 24 6th St., S.E. Washington, D.C. | D | RENT | III | |
| | Citizens Money Market Account, KY | A | INTEREST | II | S |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harold Dallas Rogers

Page 2 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Beaver Lodge Sub.-Wayne County, KY | | X | | | | | | | | | | | | none | | | | X | | | | | | | | | | |
| | Caterpillar Common Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Chrysler Common Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Intel Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Kellogg Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Merck Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Motorola Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Pepsico Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Rubbermaid Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Texas Instruments Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Aztar Common Stock | X | | | | | | | | | | | | | none | | | | X | | | | | | | | | | |
| | CCA Industries Common Stock | X | | | | | | | | | | | | | none | | | | X | | | | | | | | | | |
| | Cott Corporation Common Stock | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Irvin Sensors Common Stock | X | | | | | | | | | | | | | none | | | | X | | | | | | | | | | |
| | Rexall Sundown Common Stock | | X | | | | | | | | | | | | none | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harold Dallas Rogers



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Stewart & Stevenson Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | US Surgical Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Fidelity Magellan Fund | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | IRA-Prudential Securities Equity Fund | | | X | | | | | | | | | **Income not received until retirement | | | | | | | | | | | | | | | | |
| JT | Fidelity Magellan Mutual Fund | X | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | S |
| SP | IRA-Prudential Securities EquityFund | X | | | | | | | | | | | **Income not received until retirement | | | | | | | | | | | | | | | | S |
| | ****NOTE: Stock is no longer jointly held due to death of Shirley M. Rogers on May 7, 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ****NOTE: Spouse IRA and JT Fidelity Mutual Fund were closed following the death of Shirley M. Rogers and transferred into the individual accounts of Harold D. Rogers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Harold Dallas Rogers



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | IRA - Rollover - Shirley Rogers to Harold Rogers Prudential Securities Equity Fund | | X | | 4/24/96 | X | | | | | | | | | |
| | IRA - Rollover - Prudential Securities Equity Fund | X | | | 4/24/96 | X | | | | | | | | | |
| JT | Fidelity Magellan Mutual Fund (transferred out of joint ownership w/ deceased spouse) | | X | | 5/20/96 | | X | | | | | | | | |
| | Fidelity Magellan Mutual Fund | X | | | 5/20/96 | | X | | | | | | | | |
| | Sale of Home at 24 6th St.,S.E. Wash.,D.C. | | X | | 7/26/96 | | | | | X | | | | | |
| | Citizens Money Market Account, KY | | X | | 8/07/96 | X | | | | | | | | | |

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Name Harold Dallas Rogers | Page 5 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Citicorp Mortgage, Inc. of St. Louis, MO | Home Mortgage on 24 6th Street, S.E. Washington,D.C. | | | | X | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Association of American Railroads | Apr. 11-15, 1996 | Lexington,KY-Pebble Beach, CA-Washington,D.C. | Y | Y | N | N |
| | Association of American Railroads | Nov. 21-25, 1996 | Lexington,KY-Phoenix,AZ-Lexington, KY | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director (Unpaid) | Citizens Bancshares, Inc., Somerset, Kentucky |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

DANA TYRONE ROHRABACHER
(Full Name)

-35- RAYBURN H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)

(202) 225-2415
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State District CA 45 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dana Rohrabacher

DATE (Month/Day/Year): 05/14/97

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Dana Rohrabacher | Page 2 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples | SP | Mega Corp. Stock | 123 Main St., Dover, Del | 1st Bank of Paducah, KY accounts | A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Mega Corp. Stock | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Congressional Federal Credit Union accounts | | | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Faith, Teresa (IRA) | | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Airtouch Communications DE (IRA) | | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Pelin Wittig-Liquid Asset Fund (IRA) | | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | SCE Corp. (IRA) | | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | E |
| | Edison Intl (IRA) | | Edison bought out SCE corp on 2/5/96 | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | E |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Dana Rohrabacher | Page 3 of 4

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example.* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | SCE Corp / Edison International (SCE stock exchanged for Edison International. Edison bought out SCE Corp) | | | | X | 02-05-96 | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Chinese National Association of Industry + Commerce | | Feb 4-8 | Los Angeles - Taipei - San Francisco | Y | Y | N | N |
| United States-New Zealand Council | | April 2-11 | Los Angeles - New Zealand - Los Angeles | Y | Y | N | 5 days |
| Chinese National Association of Industry + Commerce | | May 18-21 | Wash. D.C. - Taipei - Wash. D.C. | Y | Y | N | N |
| National Council on US-Arab Relations | | Aug 18-31 | Los Angeles - Rome - Saudi Arabia - Kuwait - Pakistan - Afghanistan - Rome - Los Angeles | Y | Y | N | 10 days |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 APR 23 PM 3:56

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

Carlos Romero-Barceló
(Full Name)

2443 Rayburn HOB
(Mailing Address)

(202) 225-2615
Daytime Telephone

Washington, D.C. 20515

MC HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State — District | [ ] Officer or Employee | Employing Office | **A *$200 penalty* shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carlos Romero Barceló

DATE (Month/Day/Year): 4/23/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Commonwealth of Puerto Rico | Pension | $25,300 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Carlos Romero-Barceló



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| JT | Apt. at Washington Plaza (PR) | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | |
| JT | IRA Roig Commercial Bank | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | |
| JT | KEOGH Congressional Acct. | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | 109 5th St.NE,Washington,DC | | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| JT | Puerto Rico-7, Inc. -Stocks | | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Ponce Bank - Common Stocks | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carlos Romero-Barceló



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | First Bank - Puerto Rico | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Microsoft Corp.-Common Stocks | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Meager Means Investors | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | Banco Bilbao Vizcaya | Mortgage on 57 Washington St., Puerto Rico | | | | X | | | | | | |
| JT | Roig Commercial Bank | Commercial Loan | | X | | | | | | | | |
| JT | First Bank - Puerto Rico | Commercial Loan | X | | | | | | | | | |
| JT | Citibank | Credit Line | | X | | | | | | | | |
| JT | First Federal - Rochester | Mortgage- 109 5th St.NE Washington, DC | | | | | X | | | | | |
| JT | Federal Credit Union | Commercial Loan | X | | | | | | | | | |
| JT | Federal Credit Union (Visa) | Credit Card | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives; gifts of personal hospitality of an individual; local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization | |
|---|---|---|
| President | RHR Real Estate, Inc. | Uncompensated |
| President | RGR Landmark, Inc. | " |
| Incorporator | Fundación Romero-Donnelly | " |
| | | |
| | | |
| | | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 PM 4:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Ileana Ros-Lehtinen
(Full Name)

2240 Rayburn HOB Washington, D.C. 20515
(Mailing Address)

(202) 225-3931
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Florida District 18 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ileana Ros-Lehtinen

DATE (Month/Day/Year): May 15 '97

2980

Name Cong. Ileana Ros-Lehtinen | Page 2 of 5

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Dexter Lehtinen, Attorney at Law - Various law firm clients | Spouse's law pratice | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Ileana Ros-Lehtinen



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset** (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX Over $1,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | X | | | | | | | | X | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | X | | | | | | | | | | X | | | | | |
| JT | 1st Bank of Peoria, IL accounts | | | | | X | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Bank Atlantic-Ft. Lauderdale, FL | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Community Bank of Homestead, FL | | | | | | X | | | | | | X | | | | | | | | X | | | | | | |
| JT | Commercial Bank of FL, Miami, FL | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| SP | FL State Retirement Plan | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | FL State Retirement Plan | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Mega Bank Stock, Miami, FL | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| (2 IRAs) | Community Bank, Homestead, FL | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Cong. Ileana Ros-Lehtinen

Page 4 of 5

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001– $15,000 | C $15,001– $50,000 | D $50,001– $100,000 | E $100,001– $250,000 | F $250,001– $500,000 | G $500,001– $1,000,000 | H $1,000,001– $5,000,000 | I $5,000,001– $25,000,000 | J $25,000,001– $50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | | |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | | |
| | NONE | | | | | | | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Univision Television Network | APR 16-17 | Wash DC-Miami-Wash DC | N | N | N | N |
| | Cena Martiana | Jan 28-29 | Miami-San Juan PR-Miami | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:44
PAGE 1 OF 12

(12)

HAND DELIVERED

(Office Use Only)

STEVEN R. ROTHMAN
(Full Name)

P.O. BOX 650
FAIR LAWN, NJ 07410
(Mailing Address)

Daytime Telephone
201/475-9232

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State NJ District 09 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Steven R. Rothman

DATE (Month/Day/Year): 5/10/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| Examples: Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Reun Bates (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| BERGEN COUNTY SURROGATE, HACKENSACK, NJ (THROUGH 1/23/96) | SALARY | $12,199.59 |
| TWINKS COMPANY, FAIR LAWN, NJ | MANAGER'S FEE | $10,000.00 |
| OF COUNSEL TO COHN, LIFLAND, PEARLMAN, HERRMAN, KNOPF, ESQS. SADDLE BROOK, NJ 1/29/96 - 12/31/96 | SALARY | $48,000.00 |
| STEVEN R. ROTHMAN, ESQ., FAIR LAWN, NJ | PRE-SURROGATE REFERRAL FEES FROM CERTIFIED CIVIL TRIAL ATTORNEYS | $ 7,233.43 |
| PHILIP AND MURIEL ROTHMAN, FORT LEE, NJ | MANAGER'S FEE | $ 8,000.00 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | N/A - NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.
I = INDIVIDUALLY OWNED
For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Examples | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | | SP | Mega Corp. Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | X | | | | | | |
| I | NATIONWIDE FIXED ACCT. PUBLIC EMPLOYEE-BENEFITS-CO-(PERSCO) | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| I | DREYFUS NJ MONEY MARKET FUND | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| I | PATTERSON NJ GO RFDG SER 88 | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | S |
| I | PUERTO RICO COMMONWEALTH REG PRE | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | S |
| I | WASHINGTON ST. PUB PWR SUPPL. | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | S |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN R. ROTHMAN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I | WASHINGTON ST. PUB PWR SUPPL | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| I | WASHINGTON ST. PUB PWR SUPPL | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| I | CENTRAL OKLAHOMA TRANSPN & P | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| I | GUAM GOVT. SER A | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| I | WARREN CNTY, NJ POLLUTION CT. | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| I | WESTERN MONMOUTH NJ UTILS A | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| I | NEW JERSEY ST. GO RFDG SER | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| I | PASSAIC CNTY NJ UTILS AUTH | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| I | ESSEX CNTY NJ | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| I | ISRAEL ST. DOLLAR CURR INC. | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| I | PUERTO RICO HSG BK & FIN AG | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| I | NEW JERSEY ST TPKE AUTH TPK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| I | RUTGERS ST.UNIV. NJ REG - CA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| I | HOBOKEN UNION CITY WEEHAUKEN | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| I | PUERTO RICO COMMONWEALTH PUB IMP | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| I | NEW JERSEY ST. TPKE AUTH TPK | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN R. ROTHMAN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| I | NEW JERSEY ECONOMIC DEV. AUTH | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | S |
| I | ISRAEL ST. PL CPN B D 6TH DEV | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| I | ISRAEL ST. TAXABLE | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | ISRAEL ST. DOLLAR SVGS BOND | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | ISRAEL ST. DLR CURRENT INC. | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | ISRAEL ST. DOLLAR SVGS BOND | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | STATE OF ISRAEL FIFTEEN YR. | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | STATE OF ISRAEL FIFTEEN YR. | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| I | IRVINGTON NJ PKG AUTH GTD | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | P |
| I | PUTNAM VOYAGER FUND | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| IRA | MERRILL LYNCH & CO INC. NOTES | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| IRA | PEPSICO INC. NOTES | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | S |
| IRA | FORD MOTOR CREDIT CO. NOTES | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| IRA | MERRILL LYNCH RESERVES | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| IRA | MERRILL LYNCH BASIC VALUE FUND | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN R. ROTHMAN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PARTNER | DREYFUS NJ MONEY MARKET FUND | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| PARTNER | FIDELITY MUNICIPAL MONEY MARKET NJ | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| PARTNER | CITIBANK SAVINGS ACCT. | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | P |
| * DC KAREN | MERRILL LYNCH INTL EQTY FUND | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| * DC KAREN | MERRILL LYNCH & CO. INC. NOTES | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| * DC KAREN | NM GENERAL MOTORS ACCPT. BE | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| * DC KAREN | PUBLIC SERVICE | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| * DC KAREN | SALOMON INC., NOTES | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| * DC KAREN | GTE NORTH INC. DEBENTURES | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | P |
| * DC KAREN | EASTERN CAMDEN CNTY, NJ | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | P |
| * DC KAREN | 125 LOUIS ST., S. HACKENSACK, NJ (5-1/2% OWNER) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| ** DC JOHN | 125 LOUIS ST., S. HACKENSACK, NJ (5-1/2% OWNER) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | MERRILL LYNCH & CO. INC. NOTES | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | FORD HOLDINGS INC. NOTES | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | PUBLIC SERVICE ELEC. & GAS | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |

* FILER IS TRUSTEE OF HIS CHILD'S TRUST

** FILER IS TRUSTEE OF HIS CHILD'S TRUST

# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN R. ROTHMAN



| | SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ** | DC JOHN | NM FORD MOTOR CDT CO BE | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| ** | DC JOHN | SALOMON INC. NOTES | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| ** | DC JOHN | GTE NORTH INC. DEBENTURES | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| ** | DC JOHN | SOMERSET COUNT NJ | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | P |
| ** | DC JOHN | MERRILL LYNCH CMA MNY FND | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| ** | DC JOHN | NEWARK, NJ MUN BONDS | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | S |
| | I | 250 NORTH ST., TETERBORO NJ (33-1/3% OWNER) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | I | 4 E. FOREST AVE ENGLEWOOD, NJ (33-1/3% OWNER) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | I | 30 RUTA CT. S. HACKENSACK, NJ (8.7% OWNER) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | I | 538 - 540 HUYLER ST., S. HACKENSACK NJ (16-2/3% OWNER) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | I | 550 HUYLER ST., S. HACKENSACK, NJ (16-2/3% OWNER) | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| | I | 125 LOUIS ST., S. HACKENSACK, NJ (5.7% OWNER) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | I | 425 VICTORIA TERR. RIDGEFIELD, NJ (16-2/3% OWNER) | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| | I | 150 LOUIS ST., S. HACKENSACK, NJ (10-1/3% OWNER) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |

** FILER IS TRUSTEE OF HIS CHILD'S TRUST

2992

## SCHEDULE IV — TRANSACTIONS

Name STEVEN R. ROTHMAN



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| I | PATERSON NJ GO RFDG SER 88 | | X | | 7/1/96 | X | | | | | | | | | |
| I | PUERTO RICO COMMONWEALTH REG PRE | | X | | 7/1/96 | | X | | | | | | | | |
| I | WASHINGTON STATE PUB PWR SUPPL | | X | | 7/1/96 | | X | | | | | | | | |
| I | WASHINGTON STATE PUB PWR SUPPL | | X | | 7/1/96 | X | | | | | | | | | |
| I | NJ ECO DEV AUTH | | X | | 4/1/96 | X | | | | | | | | | |
| I | ISRAEL ST. PL CPN BD 6TH DEV | | X | | 5/1/96 | X | | | | | | | | | |
| I | IRVINGTON NJ PKG AUTH GTD | X | | | 7/1/96 | | X | | | | | | | | |
| I | PUTNAM VOYAGER FUND | X | | | 5/3/96 | X | | | | | | | | | |
| PARTNER | FIDELITY NJ MUNICIPAL MONEY MKT | X | | | 8/2/96 | | X | | | | | | | | |
| PARTNER | CITIBANK SAVINGS ACCT. | X | | | 6/27/96 | X | | | | | | | | | |
| DC KAREN | GTE NORTH INC. DEBENTURES | X | | | 9/10/96 | X | | | | | | | | | |
| DC KAREN | EASTERN CAMDEN CNTY, NJ | X | | | 2/2/96 | X | | | | | | | | | |
| DC JOHN | SOMERSET CNTY, NJ | X | | | 9/27/96 | X | | | | | | | | | |
| DC JOHN | NEWARK, NJ MUNICIPAL BONDS | | X | | 2/2/96 | X | | | | | | | | | |
| I | RUTGERS STATE UNIV. NJ REG CA | X | | | 7/29/96 | | X | | | | | | | | |
| I | NJ STATE TPKE AUTH TPK REV | X | | | 7/19/96 | X | | | | | | | | | |
| IRA | PEPSICO, INC. NOTES | | X | | 2/2/96 | | X | | | | | | | | |
| IRA | MERRILL LYNCH RESERVES | X | | | 2/2/96 | | X | | | | | | | | |
| IRA | MERRILL LYNCH BASIC VALUE FUND | X | | | 2/2/96 | | X | | | | | | | | |

Name STEVEN R. ROTHMAN | Page 10 of 12

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | N/A – NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A – NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | | | N/A - NONE | | | | |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| TRUSTEE | JOHN ABRAHAM ROTHMAN 1989 TRUST |
| TRUSTEE | KAREN BENA ROTHMAN 1991 TRUST |
| PARTNER | TWINKS COMPANY |
| PARTNER | ROAN PARTNERSHIP, L.P. |
| TWINKS COMPANY IS A TENANT IN COMMON IN THIS ORGANIZATION | DERMAN COMPANY |
| TWINKS COMPANY IS A TENANT IN COMMON IN THIS ORGANIZATION | FOLMAN COMPANY |
| " " " | ROFOL COMPANY |
| " " " | DAPHIL COMPANY |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A - NONE | |



Use additional sheets if more space is required.

TELEPHONE 201-444-8800
FAX 201-444-0299

*Berry, Verduin, Koch & Company*
CERTIFIED PUBLIC ACCOUNTANTS
4 WILSEY SQUARE
RIDGEWOOD, NEW JERSEY 07450

97 MAY -2 PM 12:24

HAND DELIVERED
April 22, 1997

MC

Congresswoman Margaret Roukema
22-44 Rayburn
House of Building
Washington, D.C. 20515

We have compiled the Financial Disclosure Statement for the Honorable Margaret Roukema for the year ended December 31, 1996 included in the accompanying prescribed form in accordance with statements on standards for accounting and review services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the United States House of Representatives information that is the representation of the Honorable Margaret Roukema. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statement are presented in accordance with the requirements of the United States House of Representatives, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Berry Verduin Koch & Company
BERRY, VERDUIN, KOCH & COMPANY
Certified Public Accountants

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY -2 AM11:15

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Margaret Roukema
(Full Name)

249 Greenway Road
(Mailing Address)

Daytime Telephone 202-225-4465

Ridgewood, NJ 07450

| | | | | |
|---|---|---|---|---|
| Filer Status | [x] Member of the U.S. House of Representatives | State New Jersey District 5 | [ ] Officer or Employee | Employing Office |
| Report Type | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [x] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [x] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [x] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [x] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [x] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [x] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [x] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [x] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [x] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Margaret Roukema

DATE (Month/Day/Year) May 1, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Medical Practice | Spouse Schedule C | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Margaret Roukema



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: Type of Income | | | | | Block D: Amount of Income | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP | Examples | SP | Mega Corp Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | | X | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | | X | | | | | |
| | Ridgewood Savings & Loan | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | |
| | Bank of New York | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | Congressional Federal Credit Union | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | Alliance NJ Tax Free Fund | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | Piedmont Muni Power Agency 1/1/22 | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | S |
| | NJ Healthcare FACS 6.2% 7/1/01 | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | S |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Margaret Roukema



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Bergen Cnty NJ UTILS AUTH 5.0% 12/15/99 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Comcast Corp. CL A | X | | | | | | | | | | | X | | X | | | | X | X | | | | | | | | | S |
| JT | Merck & Co | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | S |
| JT | Bristol Myers Squibb | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Intel Corp | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Walmart Stores | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Proctor & Gamble | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| JT | Catepillar Inc. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Motorola, Inc. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | Univ. of Med. & Dentistry-401K | | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| | Bank of NY IRA | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| S | Bank of NY IRA | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | Howard Savings - VT | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | PSE&G | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | Keough Plan - Prudential Securities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | AIM Equity Weingarten Fund | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| S | American Express | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Becton Dickenson | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Blackrock Invest Qual Term Trust | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| S | Blackrock 1998 Tern Trust | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Blackrock Strategic term Trust | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Coca Cola | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Lincoln NTL CV SEC/F | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Prudential Equity Income B | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| S | Prudential Moneymart Assets | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | PSE&G | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Zweig Apprec. Fund A | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| S | US Treas NTS 8.0 10/15/96 | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| S | Gillette Company | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| S | TSL Holdings | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Margaret Roukema



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| S | Motorola, Inc. | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| S | Prudential Acquisition Fund LP | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | Putnam New Opportunities Fund | | | X | | | | | | | | | X | | | X | | | X | | | | | | | | | | P |
| S | Prime Plus Realty Ptrs. LP | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| | Thrift Savings Plan | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |

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3002

## SCHEDULE IV — TRANSACTIONS

Name Margaret Roukema



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Bergen County, NJ Utils Auth 5% 12/15/99 | | x | | 10/28/96 | | x | | | | | | | | |
| | Comcast Corp CL A | | x | | 10/29/96 | x | | | | | | | | | |
| | Walmart Stores Common Stock | | x | | 12/12/96 | x | | | | | | | | | |
| S | Motorola, Inc. | x | | | 10/17/96 | | x | | | | | | | | |
| S | Gillette | x | | | 10/21/96 | x | | | | | | | | | |
| S | Putnam New Opportunities Fund | x | | | 10/28/96 | | x | | | | | | | | |
| S | US Treasury Note 8.0% 10/15/96 | | x | | 10/15/96 | x | | | | | | | | | |
| S | Blackrock Inv. Qual Term Trust | | x | | 10/28/96 | x | | | | | | | | | |
| S | Prime Plus Realty Ptrs. LP | | x | | 9/20/96 | x | | | | | | | | | |
| | Piedmont Muni Power Agency 1/1/22 | | x | | 1/02/96 | | x | | | | | | | | |
| | NJ Healthcare FACS 6.2% 7/1/01 | | x | | 1/02/96 | | x | | | | | | | | |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 PM 4:29

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(3)

Lucille Roybal-Allard
(Full Name)

2435 Rayburn HOB
(Mailing Address)

Daytime Telephone

Washington, D.C. 20515 (202) 225-1766

MC HAND DELIVERED

(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CA District: 33 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lucille Roybal-Allard

DATE (Month/Day/Year): 5/15/97

3004

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Allard and Associates | Spouse's consulting fees | NA |

For payments to charity in lieu of honoraria, use Schedule II.

3005

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lucille Roybal-Allard



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Bank of America (IRA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Monterey Park, CA | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Navy Federal Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Washington, DC | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Congressional Fed. Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Washington, DC | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | United Way Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Alexandria, VA | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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3006

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(6)

HAND DELIVERED

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

EDWARD RANDALL ROYCE
(Full Name)

1133 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone: 202.225.4111

Filer Status: [X] Member of the U.S. House of Representatives — State: CA, District: 39th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive unearned income of more than $100 in the reporting period or hold any reportable asset with more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $350 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other excepted trusts need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION — Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct of its discretion. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Edward R. Royce

DATE (Month/Day/Year): May 15, 1997

3007

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Orlando County Board of Education | Spouse Salary | NA |
| | Chemical Specialties Manufacturers Association | Spouse Salary | NA |
| | Rain Bird Sprinkler Manufacturers Corporation | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

3008

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash , D C | Speech | Feb 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug 13, 1996 | $500 |
| The Orange County REGISTER<br>625 North Grand Avenue, Santa Ana, CA 92701 | Article | 5.31.96 | $50.00 |
| The Orange County REGISTER<br>625 North Grand Avenue, Santa Ana, CA 92701 | Article | 7.31.96 | $50.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EDWARD RANDALL ROYCE



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | Examples: 123 Main St., Dover, Del | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | |
| JT | Examples: 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| SP | Procter & Gamble, Spouse's IRA | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | S |
| SP | Apple Computer Co., Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Best Products, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Donna Karan, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Western Digital, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Western Digital, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name EDWARD RANDALL ROYCE



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Micron Technology, Spouse's IRA | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Western Digital, Spouse's IRA | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | S |
| SP | Micron Technology, Spouse's IRA | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| SP | Best Products Company, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Alger Mid-Cap, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | MFS Emerging Growth, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | Merck, Spouse's IRA | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Partial sale of spouse's IRA | X | | | | | | | | | | | | | | X | | | | X | | | | | | | | | S |
| SP | Spiegal, Spouse's IRA | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| SP | Cash in Spouse's IRA Account @ Smith Barney | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | P |

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3011

## SCHEDULE IV — TRANSACTIONS

Name EDWARD RANDALL ROYCE



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | Procter & Gamble, Spouse's IRA | | S | | 2.29.96 | | | X | | | | | | | |
| SP | Apple Computer Company, Spouse's IRA | P | | | 7.08.96 | X | | | | | | | | | |
| SP | Best Products Company, Spouse's IRA | P | | | 6.28.96 | X | | | | | | | | | |
| SP | Donna Karan, Spouse's IRA | P | | | 6.27.96 | X | | | | | | | | | |
| SP | Western Digital, Spouse's IRA | P | | | 6.07.96 | X | | | | | | | | | |
| SP | Western Digital, Spouse's IRA | P | | | 5.03.96 | X | | | | | | | | | |
| SP | Micron Technology, Spouse's IRA | P | | | 9/06.96 | X | | | | | | | | | |
| SP | Western Digital, Spouse's IRA | | S | | 9.17.96 | X | | | | | | | | | |
| SP | Micron Technology, Spouse's IRA | | S | | 10.01.96 | X | | | | | | | | | |
| SP | Best Products Company, Spouse's IRA | P | | | 3.07.96 | X | | | | | | | | | |
| SP | Alger Mid-Cap, Spouse's IRA | P | | | 4.22.96 | X | | | | | | | | | |
| SP | MFS Emerging Growth, Spouse's IRA | P | | | 4.22.96 | X | | | | | | | | | |
| SP | Merck, Spouse's IRA | | S | | 3.08.96 | X | | | | | | | | | |
| SP | Spiegal, Spouse's IRA | | S | | 3.06.96 | X | | | | | | | | | |
| SP | Cash in Spouse's IRA Account @ Smith Barney | P | | | 2.29.96 | | | X | | | | | | | |

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8012

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
FINANCIAL DISCLOSURE REPORTS
97 MAY 15 PM 4:28
HAND DELIVERED

(3)

Bobby Lee Rush
(Full Name)

131 Cannon HOB
WASHINGTON, D.C. 20515
(Mailing Address)

202-225-4372
Daytime Telephone

MC
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State ILL District 1st; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [ ] No [X]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bobby L. Rush

DATE (Month, Day, Year): 5/15/97

3013

Name Bobby L. Rush | Page 1 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | CITIZENS FOR RUSH | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

3014

Name Bobby L. Rush | Page 1 of 1

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Member, Bd of Directors | Ada S. McKinley Community Services |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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Use additional sheets if more space is required.

(10)

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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

James R Ryun (Full Name)
16718 13th St. (Mailing Address)
Lawrence, KS 66044

202-225-6601
913-749-3325
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [✓] Member of the U.S. House of Representatives | State KS District 2nd | [ ] Officer or Employee | Employing Office |
| Report Type | [✓] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [✓] | No [ ] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [✓] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [✓] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [✓] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [✓] |
| VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [✓] |
| VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [✓] |
| VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [✓] | No [ ] |
| IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [✓] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [✓] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [✓] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** James R Ryun

**DATE** (Month/Day/Year) 5/13/97

3016

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Jim Ryun Sports Camp, Inc. | Salary | 68,184 |
| | Jim Ryun Sports Camp, Inc. (after 7/1/96) | Spouse Salary | NA |
| | Jim Ryun Ministries, Inc. (after 7/1/96) | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James R. Ryon



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | | | Frank Russell Investment Co. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | c/o Ron Blue & Co 4600 S Mill Ave Ste 250 Tempe AZ 85282 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Total value of Portfolio in SEP-IRA | | | | X | | | | | | | X | | X | X | | | | | | X | | | | | | |
| | | | (See attached statement from Ron Blue & Co. | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

3019

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James R. Ryun



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Office in home rented to Jim | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ryun Sports Camp, Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| DC | Janus Fund (Ned & Drew) | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| DC | American Century Fund - Ultra Fund (Drew) | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| DC | American Century Fund - Ultra Fund (Catherine) | | X | | | | | | | | | | X | | X | X | | | | | | | | | | | | | P |
| DC | American Century Fund - Growth Fund (Ned) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Loan to Jim Ryun Sports Inc. to purchase van | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | paid off |
| JT | Mercantile Bank, Lawrence (less than $1,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jim Ryun Sports, Inc. Profit Sharing Employee | (Combined into Non Blue & Go Funds for Jim Ryun - Stf I&A) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jim Ryun Sports, Inc. - Common Stk. | (less than $1,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name James R Ryun



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| Freshman Exempt from this form. | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Freshman Exempt from this form | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Jim Ryun Sports Camp Inc. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO 1997: 38-554 (mac)

**Use additional sheets if more space is required.**

3024

Ronald Blue & Co.

# QUARTERLY INVESTMENT REPORT

*JAMES R RYUN SSBT IRA*

*87106011*

**December 31, 1996**

## *PORTFOLIO POSITION*

| Security | Quantity | Price | Market Value | Pct. Assets |
|---|---|---|---|---|
| **U.S. EQUITIES** | | | | |
| Equity I Fund | 513.734 | 30.34 | 15,586.69 | 14.6 |
| Equity II Fund | 136.292 | 30.05 | 4,095.57 | 3.8 |
| Equity Q Fund | 474.054 | 32.94 | 15,615.34 | 14.6 |
| | | | **35,297.60** | **33.1** |
| **INT'L EQUITIES** | | | | |
| Emerging Markets Fund | 310.399 | 12.35 | 3,833.43 | 3.6 |
| International Fund | 414.493 | 37.39 | 15,497.89 | 14.5 |
| | | | **19,331.32** | **18.1** |
| **BONDS** | | | | |
| Fixed I Fund | 688.889 | 20.99 | 14,459.78 | 13.6 |
| Fixed II Fund | 551.817 | 18.36 | 10,131.36 | 9.5 |
| Fixed III Fund | 1,327.133 | 10.17 | 13,496.94 | 12.6 |
| | | | **38,088.08** | **35.7** |
| **REAL ESTATE** | | | | |
| Real Estate Securities Fund | 420.286 | 29.19 | 12,268.15 | 11.5 |
| **CASH & EQUIV.** | | | | |
| Gov't Money Market Fund | 1,720.12 | 1.00 | 1,720.12 | 1.6 |
| **TOTAL PORTFOLIO** | | | **106,705.28** | **100.0** |

## *PORTFOLIO CHANGE*

| | Current Quarter | Year to Date | Since Inception |
|---|---|---|---|
| Beginning Portfolio Value | 100,938.10 | 88,619.25 | 0.00 |
| Contributions | 0.00 | 6,000.00 | 90,137.75 |
| Withdrawals | (286.00) | (1,040.00) | (1,531.00) |
| Net Gains | 6,053.18 | 13,126.03 | 18,098.53 |
| **Portfolio Value on 12-31-96** | **106,705.28** | **106,705.28** | **106,705.28** |

## *PORTFOLIO PERFORMANCE*

| Asset Class | Current Quarter | Year to Date | Inception to Date |
|---|---|---|---|
| TOTAL PORTFOLIO | 6.01% | 14.39% | 12.97% |
| U.S. EQUITIES | 8.19% | 24.15% | 25.30% |
| INT'L EQUITIES | 1.88% | 8.50% | 8.68% |
| BONDS | 2.86% | 4.64% | 6.78% |
| REAL ESTATE | 18.83% | 37.36% | 30.23% |
| CASH & EQUIV. | 1.33% | 5.55% | 5.73% |

Portfolio Start Date: 05-23-95
Annualized inception to date returns are calculated from the first full month after start date.
Presented Gross of Advisory Management Fees
Returns for periods of less than one year are not annualized.

3026

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 1:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

MARTIN OLAV SABO
(Full Name)

2336 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-4755

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U S House of Representatives | State MN District 05 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Martin O. Sabo

DATE (Month/Day/Year): 5-15-97

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| *Examples* | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Lights Fantastic, Inc. 6825 Tenyson Drive, McLean, VA | Spouse salary | |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None" | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|---|
| SP<br>DC<br>JT | *Examples* SP Mega Corp Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | State of MN Retirement Plan | $1,001 - $15,000 | Interest | NA | NA |
| | Lutheran Brotherhood (IRA) | $1,001 - $15,000 | Interest | NA | NA |
| | Farm Land - North Dakota | $50,001 - $100,000 | Dividends, lease & crop | $5,001 - $15,000 | NA |
| | Government Investors | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| | Congressional Federal Credit Union | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| | IDS Mutual Fund | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| SP | Northern States Power (stock) | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| SP | International Savings | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| SP | Richfield Bank | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Keystone Tax Free Fund | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| SP | Mass Mutual | None - $1,000 | Interest | None - $200 | NA |
| SP | Paine Weber Cash Fund | $1,001 - $15,000 | Interest | None - $200 | NA |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| SP | Dean Witter (IRA) | Sold | May, 1996 | $15,001 - $50,000 |
| SP | Paine Weber | Purchase | July 23, 1996 | $15,001 - $50,000 |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Congressman Matt Salmon
(Full Name)

115 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2635

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State AZ Distrct 01 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [ ] No [X]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Matt Salmon

**DATE** (Month/Day/Year) MAY 15, 1997

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Brown & Brown Chevrolet | Spouse Salary | N/A |
| | W.S.M. Promotions | Charity Fundraising Prize | $600 |
| | Congressional Award Foundation | Charity Fundraising Prize | $200 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Associates Financial Services | Home Improvement Loan | $10,001 - $15,000 |

Name Congressman Matt Salmon | Page 3 of 3

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude**: Travel-related expenses provided by federal, state and local governmen's, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Chinese Nat'l Assoc. of Industry and Commerce | 2/10 - 2/19/96 | Phoenix - Taipei - Phoenix | Y | Y | Y | N |
| Hong Kong Chamber of Commerce | 2/16 - 2/19/96 | Taipei - Hong Kong - Taipei | Y | Y | Y | N |
| Chinese Nat'l Assoc. of Industry and Commerce | 5/17 - 5/20/96 | Phoenix - Taipei - Washington, D.C. | Y | Y | N | N |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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(Office Use Only)

LORETTA SANCHEZ
(Full Name)

1529 LONGWORTH
WASHINGTON D.C. 20515
(Mailing Address)

(202) 225-2965
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State CA District 46 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you, have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Loretta Sanchez

DATE (Month/Day/Year): 5-14-97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | YNEGER CAPITAL MARKETS, INC. | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name LORETTA SANCHEZ | Page 2 of 10

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | - NONE - | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | AMIGA ADVISORS, INC. - STOCK | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | O.C. TEACHERS FEDERAL CREDIT UNION - SAVINGS & CHECKING | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| SP | AMERICAN LIFE - ANNUITY | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| SP | JIM DAVIS FARMS - NOTE | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | CROWELL, WEEDON - SAVINGS | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LORETTA SANCHEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | CROWELL, WEEDON - IRA | | | X | | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| | - MORGAN STANLEY EMERGING | | | X | | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| JT | CROWELL, WEEDON | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | - FRITOPE, INC | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| | - GENERAL MOTORS CORP | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | P |
| | - INTEL CORP | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | P |
| | - ORBITAL SCIENCES CORP. | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | |
| | - PHILIPS ELECT. N.V. | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | |
| | - SIGNAL HILL RED. BOND | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | - MORRISON KNUDSON INC. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | S |
| | - REUTERS HOLDINGS | | | X | | | | | | | | | | | | | | | | | | | | | | | | | S |
| | - STRATISPHERE, INC. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | S |
| JT | YAEGER CAPITAL MARKETS, INC. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - CABLETON SYS. INC. | | X | | | | | | | | | | | | | X | | | | | | | | | | | | | P |
| | - INTEL CORP. | | | X | | | | | | | | | X | | | X | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LORETTA SANCHEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | - LA. CTFS BOND | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | P |
| | - ACTUISION, INC. | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| | - I OMEGA CORP. | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| | - PIXAR | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| JT | AMERICAN FUNDS - IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - CAPITAL GUARDIAN | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | CROWELL, WEEDON | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - GTE CORP | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | - GENERAL MOTORS CORP. | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | - MORGAN STANLEY EMERG. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | - MOTOROLA | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | - PEPSICO | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name LORETTA SANCHEZ



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | MORRISON KNUDSON INC | | X | | 8-6-96 | X - less than $1,000 | | | | | | | | | |
| JT | REUTERS HOLDINGS | | X | | 2-21-96 | X | | | | | | | | | |
| JT | STRATOSPHERE CORP | | X | | 4-23-96 8-06-96 | X | | | | | | | | | |
| JT | TRIMBLE NAVIGATION LTD | X | X | | 10-29-96 | X | | | | | | | | | |
| JT | ACTUVISION INC | | X | | 01-03-96 | X | | | | | | | | | |
| JT | IOMEGA CORP | | X | | 02-20-96 | X | | | | | | | | | |
| JT | COMPARATOR SYS. CORP | X | X | | 05-07-96 | X - less than $1,000 | | | | | | | | | |
| JT | ORBITAL SCIENCES | | X | | 05-07-96 | X | | | | | | | | | |
| JT | MICRON TECHNOLOGY | X | X | | 05-22-96 | X | | | | | | | | | |
| JT | PIXAR INC. | | X | | 05-22-96 | X | | | | | | | | | |
| JT | ZENITH ELECTRONICS CORP. | X | X | | 05-23-96 | X | | | | | | | | | |
| JT | GRAND CASINOS INC. | X | X | | 08-06-96 | X | | | | | | | | | |
| JT | STRATOSPHERE CORP. | | X | | 08-06-96 | X | | | | | | | | | |
| SP | MORGAN STANLEY EMERGING | | X | | 04-18-96 | X | | | | | | | | | |
| SP | General Motors | X | | | 03-22-96 | X | | | | | | | | | |
| SP | General Telephone | X | | | 07-27-96 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Loretta Sundg



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Motorola Inc. | X | | | 01-10-96 | X | | | | | | | | | |
| SP | Intel Corp | X | | | 01-10-96 | X | | | | | | | | | |
| SP | Pepsi Co | X | | | 08-08-96 | X | | | | | | | | | |

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Name LORETTA SANCHEZ Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | — NONE — | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example.* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| — NONE — | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | - NONE - | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Boardmember | KINDER CAMINATA, INC. |
| Boardmember | SPEECH & HEARING CENTER - PROVIDENCE |
| Advisory Boardmember | PEPPERDINE UNIVERSITY |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | - NONE - | |

Use additional sheets if more space is required.

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

Bernard Sanders
(Full Name)

2202 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-4115

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State / District | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** B. Sanders

**DATE** (Month/Day/Year) May 15, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Goddard College | Spouse Salary | NA |
| | Middlebury College | Spouse Speech | $200 |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Bernard Sanders



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Wright Patman FCU Checking Act. Washington, D.C. 20515 | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | |
| SP | TIAA-CREF Retirement Acct. 730 3rd. Ave. NYNY 10017 | | | | X | | | | | | | | | | (generates no income) | | | | | NA | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Wright Patman Federal Credit Union Washington, D.C. 20515 | Personal loans, Credit Card, Education Loans | | X | | | | | | | | |
| | Chittenden Bank Burlington, VT 05401 | Credit Card | X | | | | | | | | | |
| | Vermont Student Assistance Burlington, VT 05401 | Education Loans | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 2:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
mc
(Office Use Only)

Marshall C. Sanford
(Full Name)

1223 Longworth Building
(Mailing Address)

(202) 225-3176
Daytime Telephone

Washington, DC 20515

Filer Status: [X] Member of the U.S. House of Representatives — State: SC, District: 1 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marshall C. Sanford

DATE (Month/Day/Year): 5/14/97

3050

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Norton & Sanford | Management fee | 2,400. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Marshall C. Sanford



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Examples | | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| SP | First Federal of Charleston | | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| SP | Nations Securities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Emerson Electric | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | IBM | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Snap-On | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Collins & Aikman | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford

Page 5 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Nations Securities - MMKT | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Nations Securities - Reading Stock | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Nations Securities - IRA | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | S |
| SP | Nations Securities - IRA MMKTA | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| JT | Nations Securities - MMKT | | | | | | | X | | | | | | | | | | | | | | | X | | | | | | |
| DC | Nations Securities - MMKT | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Nations Securities - MMKT | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Sullivan Family Trust | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Lazard Freres | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | NationsBank - Checking | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Congressional Credit Union | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Loblolly Pines Dev - S Corp | | | | | | X | | | | | | | X | X | | | | | | | | X | | | | | | |
| SP | Loblolly Pines Dev - S Corp | | | | X | | | | | | | | | X | X | | | | | | | | | X | | | | | |
| DC | Loblolly Pines Dev - S Corp | | | X | | | | | | | | | | X | X | | | | | | | | X | | | | | | |
| | Note Receivable - Margaret Peyton | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Inv. Florida Club | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC | Inv. FLorida Club | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Combahee Partners, LP | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Pennsylvania Merchant Mutual Fund | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Acc't Receivable - Campaign Loan | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Land - Beaufort Co., SC | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | Kings Plaza | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Rental - Pope Greenwood (Beaufort, SC) | | | | | | | | | | | | | | | | | | X | | | | | | | | | | E |
| | Valois Corp. - S Corp. | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | E |
| | Talley Tract | | | | | | X | | | | | | | X | | | | | X | | | | | | | | | | |
| | Mortgage - Dianne Sheppard | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Commercial Land ( 1 & 2) Beaufort, SC | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Southern Company | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Coosaw Plantation Partnership | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Motorcar Parts Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marshall C. Sanford



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Commercial Rental-Savannah Hwy,Ch,SC | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | E |
| | ECRC II, LLC | X | | | | | | | | | | | | | | X | | | | | | | | X | | | | | P,S |

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## SCHEDULE IV — TRANSACTIONS

Name Marshall C. Sanford



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Valois Corp - S Corp (partial) | | X | | 10-28-96 | X | | | | | | | | | |
| SP | Nations Securities - IRA (partial) | | X | | 2-10-96 | X | | | | | | | | | |
| | Motorcar Parts stock | X | | | 2-10-96 | | X | | | | | | | | |
| | Commercial Rental - Charleston, SC - Savannah Hwy. | | | X | 6-19-96 | | X | | | | | | | | |
| | Pope - Greenwood - Beaufort, SC | | | X | 6-19-96 | X | | | | | | | | | |
| | ECRC II, LLC | X | | | 9-27-96 | | X | | | | | | | | |
| | ECRC II, LLC | | X | | 9-27-96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Heritage Foundation | Jan. 25-26 | Wash-Balt-Chas,SC | Y | Y | N | N |
| | Westminster High School, FL | June 7-8 | Chas-Ft.Laud.-Chas | N | N | N | N |
| | American Enterprise Instit. | June 19-23 | Wash-Beaver Cr,CO-Chas | Y | Y | Y | Y (ms&j pd flight |
| | Asis Pacific Exchange Found. | Jn29-Jly7 | Wash-China-HongKong-Chas | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Talley Tract Partnership |
| Partner | Coosaw Plantation Partnership |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

3060

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 15 AM 11:36

Thomas C. Sawyer
(Full Name)
1298 N. Howard Street,
(Mailing Address)
AKRON, OHIO 44310-1064
Daytime Telephone (330) 923-7699

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State OHIO District 14 | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Sawyer

DATE (Month, Day, Year): 5/12/97

3061

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Copley - Fairlawn City Schools | Spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name Sawyer, Thomas | Page 1 of 1

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sawyer, Thomas | Page 4 of 2

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

if other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Summit Federal Credit Union | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | — |
| DC | Summit Federal Credit Union | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | — |
| S | State Teacher's Retirement System of Ohio | | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | — |
| Self | State Teachers' Ret. Sys. of Ohio | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | — |
| Self | State Employees Ret. Sys. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | — |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sawyer, Thomas

Page 2 of 2

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Self | Public Employees' Ret. System | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | — |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| S | Lincoln National Annuity | | | | | X | | | | | | | Mutual Fund | | | | | | X | | | | | | | | | | — |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |

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## SCHEDULE IV — TRANSACTIONS

Name Sawyer, Thomas | Page 1 of 1

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| S | Lincoln National Annuity | X | | | Biweekly | X | | | | | | | | | |

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

This page may be copied if more space is required.

Name Sawyer, Thomas | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | N/A | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example:* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | N/A | | |

**Use additional sheets if more space is required.**

Name Sawyer, Thomas | Page ( of (

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Aspen Institute - Childrens' Policy Forum, Palm Beach | Feb. 16-19, 1996 | TCS + JHS - Cleve. - Palm Beach - Cleve (Airfare and ground transp. to and from airport - Palm Beach) | Y | Y | Y | — |
| Nat'l. Center for Family Literacy (Speech) | April 19-20 | TCS - Cleve. - Louisville - Cleve. (Airfare and ground transp. to and from airport - Louisville) | Y | Y | Y | — |
| Amer. Psycholog. Ass'n. (Education Advocacy Bfast) | Aug. 8-9 | TCS - Cleve. - Toronto - Cleve. (Airfare and gd. transp. to and from airport - Toronto) | Y | Y | Y | — |
| Aspen Institute Conf - U.S. Relations w/ Russia and Ukraine | Aug. 18-23 | TCS + JHS - Cleve - St. Petersburg, Russia - Cleve (Airfare and gd. transp. to and from airport St. Petersburg) | Y | Y | Y | — |

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| Name | Page |
|---|---|
| Sawyer, Thomas | 1 of 1 |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board | Population Resource Center |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

JIM SAXTON
THIRD DISTRICT, NEW JERSEY
NATIONAL SECURITY COMMITTEE
SUBCOMMITTEES
MILITARY PROCUREMENT
MILITARY INSTALLATIONS AND FACILITIES
MERCHANT MARINE OVERSIGHT PANEL

RESOURCES COMMITTEE
FISHERIES CONSERVATION, WILDLIFE AND OCEANS SUBCOMMITTEE
CHAIRMAN
JOINT ECONOMIC COMMITTEE
CHAIRMAN

APR 29 1997

# U.S. House of Representatives
Washington, DC 20515

97 MAY -2 PM12:12
U.S. HOUSE OF REPRESENTATIVES
CLERK

April 28, 1997

1
MC

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6328

Dear Madam Clerk:

Upon preparing my Financial Disclosure for 1996 I discovered that my Financial Disclosure for 1995 needs to be amended as follows:

On July 20, 1995 my IRA account at the Bank of Mid-Jersey, Bordentown, N.J., valued at $2,723.05, was transferred or "rolled over" to my Vanguard US Treasury Portfolio IRA account. Therefore, the Bank of Mid-Jersey IRA should not have been reported on my disclosure for 1995. The Vanguard US Treasury Portfolio was reported accurately.

If you have any questions concerning this or my 1996 financial disclosure, please feel free to contact me or my District Administrator, Sandra Condit, at (609) 261-5800.

Sincerely,

Jim Saxton
Member of Congress

JS/src

REPLY TO:
☐ 326 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515-3003 (202) 225-4765
☐ 100 HIGH ST., SUITE 301 MT. HOLLY, NJ 08060-1669 (609) 261-5800
☐ 1 HADLEY AVE. TOMS RIVER, NJ 08753-7639 (908) 914-2020
☐ 1 MAINE AVENUE CHERRY HILL, NJ 08002-3091 (609) 428-0520

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -2 11:12:12

H. James Saxton
(Name)

207 High Street
Mount Holly, New Jersey 08060
(Mailing Address)

(609) 261-5800
(Daytime Telephone)

APR 29 1997
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State: N.J. District: 03 [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: H. James Saxton

DATE (Month/Day/Year): 4-21-97

3071

Name H. James Saxton | Page 2 of 6

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | Examples: 123 Main St., Dover, Del. | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 911 Rt 206, Bordentown, NJ | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Federal Credit Union, Wash, DC | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | 207 High St. Mt Holly | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Vanguard US Treas Portfolio(IRA) | | | X | | | | | | | | | X | | | | | | (IRA/NA) | | | | | | | | | | |
| | Bank of Mid Jersey, Bordentown | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Vanguard Prime MM | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name H. James Saxton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Vanguard Admiral Fund #12 | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Vanguard Admiral Fund #19 | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | S |
| | Vanguard Windsor II | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name H. James Saxton



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Vanguard Windsor II | X | | | 3/15/96 | X | | | | | | | | | |
| | Vanguard Admiral Fund #19 | | X | | 7/17/96 | | | X | | | | | | | |

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Name H. James Saxton | Page 5 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Bank of Mid-Jersey, Bordentown, NJ | Mortgage on 911 Rt206 Bordentown, NJ | | X | | | | | | | | |
| | Bank of Mid-Jersey, Bordentown, NJ | Mortgage on 207 High St Mount Holly, NJ | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example.* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–26

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Silver Spring Jewish Community Center | 6/13/96<br>6/18/96 | Wash, DC - Tel Aviv<br>Tel Aviv - Wash, DC | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -8 AM 10: 58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

(4)

CHARLES JOSEPH SCARBOROUGH
(Full Name)

127 CANNON HOB
WASHINGTON D.C. 20515
(Mailing Address)

Daytime Telephone (202) 225-4136

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District FL 01 | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gifts in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joe Scarborough

DATE (Month/Day/Year): 5/6/97

3077

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Onlano County Board of Education | Spouse Salary | NA |
| | C. JOSEPH SCARBOROUGH, MEMBER OF CONGRESS | SALARY | $133,600. |
| | BRIGHAM MOORE GAYLORD SCHULTER MERLIN & TOBIN | REIMBURSEMENT FOR LEGAL WORK PERFORMED PRIOR TO 1995 | $7,349. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CHARLES J. SCARBOROUGH



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | BLOCK A Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income | BLOCK D Amount of Income | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Examples* | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | X | | | | | | | X | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | X | | | | | | | |
| | NEW ENGLAND VARIABLE ANNUITY - IRA #V211410 | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |
| | NEW ENGLAND FIXED ANNUITY - IRA #F208888 | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |
| | NEW ENGLAND GROWTH FUND - IRA #3572363 | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |
| | COPELY PENSION PROPERTIES XII - IRA #22203 | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |
| | SWIFT INCOME PARTNERS III - IRA #106224 | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |
| | CASH MANAGEMENT TRUST MONEY MKT ACCT | X | | | | | | | | | | | | N/A | | N/A | | | | | | | | | |

For additional assets and unearned income, use next page.

3079

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| AMERICAN ISRAELI PUBLIC AFFAIRS COMMITEE | MAR 30-31 | PENSACOLA, FL - FT LAUDERDALE - PENSACOLA, FL | Y | Y | N | N |
| CHINESE NATIONAL ASSOCIATION OF INDUSTRY & COMMERCE | MAY 16-20 | WASH. DC - TAIPEI, TAIWAN - WASH. DC | Y | Y | N | N |

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(6)

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HOUSE OF REPRESENTATIVES

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# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Daniel L. Schaefer (Dan Schaefer)
(Full Name)

10755 West Iliff Avenue
(Mailing Address)

202-225-7882
Daytime Telephone

Lakewood, Colorado 80227

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State Colorado District 6th | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [XX] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [XX]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [XX] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [XX]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [XX] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [XX]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [XX] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [XX] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [XX]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [XX]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [XX]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

3081

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Jefferson County Public Schools | Spouse Salary | NA |
| Public Employees' Retirement Association | Spouse Pension | NA |

For payments to charity in lieu of honoraria, use Schedule II.

3082

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Daniel L. Schaefer



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| SP | Public Employees' Retirement Assn. | | | X | | | | | | | | | | | | | | | | | | | | X | | | | | |
| | Investors Partnership Group ~~Undeveloped Land-Colorado~~ | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Adams Investors Group ~~Undeveloped Land-Colorado~~ | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Investment Property - Lot 34 (1/4 Interest) Wilson Hill, Massena, NY 13662 | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

Name Daniel L. Schaefer | Page 4 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Bank of America, Richmond, VA | (1/4 Ownership Interest) Mortgage-2466 Windbreak Dr. Alexandria, VA | X | | | | | | | | | |
| | First Bank-Westland-Lakewood, CO | Personal Loan | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example:* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Edison Electric Institute | Jan 11-Jan 12 | Denver, CO-Phoenix, AZ | Y | Y | N | |
| | Martime Officers Training RT McKay Center for Advanced | Jan 26-Jan 29 | Tampa, FL - DC DC - FT Lauderdale, FL-Denver, CO. | Y | Y | N | 2 Days |
| | Large Public Power Association | Feb 11 | Denver, CO-Los Angles, CA- | N | Y | N | |
| | IPALCO Enterprises, Inc. | July 14-July 15 | DC-NewYork,-DC | Y | Y | N | |
| | Council American Legislative Exchange | Aug 3 | RI-BWI, Maryland BWI, Maryland - Providence- | N | Y | N | |
| | Coopers & Lybran L.L.P. | Nov 7-Nov 8 | FL-National, D.C. Denver, CO.-West Palm Beach | Y | Y | N | |
| | Utilities Commisioners Council Ntl. Assn. of Regulatory Exibitions | Nov 18 | Denver, CO Denver, CO-San Fransico,CA- | N | N | N | |
| | Penn-Well Conference & | Dec 3-Dec 4 | Denver, CO Denver, CO-Orlando, FL- | Y | Y | N | |
| | Central Illinois Light CO | Dec 11 | Springfield, Il-Denver, CO Denver,CO-Chicago,Il- | N | Y | N | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Investors Partnership Group |
| Partner | Adams Investors Group |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

Form A
For use by Members, officers, and employees

Robert Warren Schaffer
(Full Name)

3284 Silverthorne Drive
(Mailing Address)

Fort Collins CO 80526

Daytime Telephone 202/225-4676

| Filer Status | | Member of the U.S. House of Representatives | State CO District 04 | | Officer or Employee | Employing Office |
|---|---|---|---|---|---|---|
| | X | | | | | |
| **Report Type** | X | Annual (May 15) | | | Amendment | Termination Date / Termination |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Robert W. Schaffer

**DATE** (Month/Day/Year) 5/14/97

| Name Robert Warren Schaffer | Page ___ of ___ |
|---|---|

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| *Examples* | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Colorado | Salary/Per Diem | $26,697 93 |
| | Symbios Logic, Inc - Fort Collins, CO | Spouse Salary | NA |
| | National Science Foundation | Spouse Fellowship | NA |
| | Colorado State University | Spouse Grad Study Comp | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

**Name** Robert Warren Schaffer | **Page** ____ **of** ____

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| SP *Examples* Mega Corp. Stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| DC *Examples* 123 Main St., Dover, Del | $250,001 - $500,000 | Rent | $1,001 - $2,500 | |
| JT *Examples* 1st Bank of Paducah, KY accounts | $50,001 - $100,000 | Interest | $5,001 - $15,000 | |
| | | | | |
| 427 Smith Street, Ft. Collins, CO | $100,001 - $250,000 | Rent | $5,001 - $15,000 | |
| Bank One of Colorado, Loveland, CO Accts | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| State Street Bank & Trust, Boston, MA IRA's | $50,001 - $100,000 | Interest | | |
| AT&T Stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| Public Employees Retirement Assn. of Colorado | $15,001 - $50,000 | Interest | | |
| Symbios Logic Savings Plan | $1,001 - $15,000 | Interest | None - $200 | NA |
| Symbios Logic Savings Plan, Covington, KY | $50,001 - $100,000 | Dividends | $201 - $1,000 | |
| Fidelity Advisor Funds, Boston, MA | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |

| Name Robert Warren Schaffer | Page of |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Chase Manhattan Bank, Phoenix, AZ | Mortgage on 427 Smith St. Rental | $50,001 - $100,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

LEGISLATIVE ... 97 MAY -7 PM 12:51

HAND DELIVERED
(Office Use Only)

Steven Harvey Schiff
(Full Name)

804 Summit Drive, NE
(Mailing Address)

Albuquerque NM 87106
Daytime Telephone 202-225-6316

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State NM District 01 | [ ] Officer or Employee | Employing Office | |
| **Report Type** | [X] Annual (May 15) | | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

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**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Steven Schiff

DATE (Month/Day/Year): 5-1-97

3091

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Ethicon, Inc. - Albuquerque, NM | Spouse Salary | N/A |
| | U.S. Army Reserve | Spouse Salary | N/A |
| | (See Attached Form 1040 For Specific Details) | | |

For payments to charity in lieu of honoraria, use Schedule II.

3092

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None" | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples* SP<br>JT | Mega Corp Stock<br>123 Main St , Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT | Real Estate Contract - Coal Ave | None - $1,000 | Interest | None - $200 | |
| JT | Congressional Federal Credit Union - D C | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Ethicon Employees Credit Union - Albuquerque | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Sunwest Bank - Albuquerque | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Norwest Bank | $1,001 - $15,000 | Interest | None - $200 | |
| JT | U.S. NM Federal Credit Union - Albuquerque | $1,001 - $15,000 | Interest | None - $200 | |
| JT | General Electric Savings Trust | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | Johnson & Johnson Savings Trust | $1,001 - $15,000 | Dividends | None - $200 | |

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Name Steven Harvey Schiff | Page 4 of 4

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| JT | | | | | |
|---|---|---|---|---|---|
| | U.S. Savings Bonds | $1,001 - $15,000 | | | |

Form 1040 — Department of the Treasury - Internal Revenue Service
# U.S. Individual Income Tax Return 1996

(99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning , 1996, ending , 19 — OMB No. 1545-0074

**Label** (See page 11.) — Use the IRS label. Otherwise, please print or type.

LABEL HERE

| | |
|---|---|
| Your first name and initial: STEVEN H | Last name: SCHIFF |
| If a joint return, spouse's first name and initial: MARCIA S | Last name: SCHIFF |
| Home address (number and street). If you have a P.O. box, see page 11. 804 SUMMIT NE | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. ALBUQUERQUE, NM 87106 | |

Your social security number: 360-40-7830
Spouse's social security number: 331-42-7371

For help finding line instructions, see pages 2 and 3 in the booklet.

**Presidential Election Campaign** (See page 11.)

| | Yes | No |
|---|---|---|
| Do you want $3 to go to this fund? | X | |
| If a joint return, does your spouse want $3 to go to this fund? | X | |

Note: Checking "Yes" will not change your tax or reduce your refund.

**Filing Status** — Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See instructions.)

**Exemptions**

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☒ **Spouse**

No. of boxes checked on lines 6a and 6b: 2

c **Dependents:**

| (1) First Name Last name | (2) Dependent's social security number. If born in Dec. 1996, see inst. | (3) Dependent's relationship to you | (4) No. of mos. lived in your home in 1996 | No. of your children on line 6c who: |
|---|---|---|---|---|
| JAIMI | 585-98-8709 | Child | 12 | ● lived with you: 2 |
| DANIEL | 525-41-3707 | Child | 12 | ● did not live with you due to divorce or separation (see instructions) |
| | | | | |
| | | | | Dependents on 6c not entered above |

If more than six dependents, see the instr. for line 6c.

d Total number of exemptions claimed: Add numbers entered on lines above ▶ 4

**Income** — Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 167,955 |
| 8a | Taxable interest. Attach Schedule B if over $400 | 8a | 449 |
| b | Tax-exempt interest. DO NOT include on line 8a. 8b | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | 424 |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). If required, attach Schedule D | 13 | -115 |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions. 15a | b Taxable amount (see inst.) 15b | |
| 16a | Total pensions and annuities. 16a | b Taxable amount (see inst.) 16b | 25 |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits. 20a | b Taxable amount (see inst.) 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 168,738 |

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see the instr. for line 7.

Enclose, but do not attach, any payment. Also, please enclose Form 1040-V here. (See instructions for line 62.)

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 23a | Your IRA deduction (see instructions) | 23a | |
| b | Spouse's IRA deduction (see instructions) | 23b | |
| 24 | Moving expenses. Attach Form 3903 or 3903-F | 24 | |
| 25 | One-half of self-employment tax. Attach Schedule SE | 25 | |
| 26 | Self-employed health insurance deduction (see inst.) | 26 | |
| 27 | Keogh & self-employed SEP plans. If SEP, check ▶ ☐ | 27 | |
| 28 | Penalty on early withdrawal of savings | 28 | |
| 29 | Alimony paid. Recipient's SSN ▶ | 29 | |
| 30 | Add lines 23a through 29 | 30 | 0 |
| 31 | Subtract line 30 from line 22. This is your **adjusted gross income** ▶ | 31 | 168,738 |

If line 31 is under $28,495 (under $9,500 if a child did not live with you), see the instr. for line 54.

Form 1040 (1996) STEVEN H AND MARCIA S SCHIFF 360-40-7830 

**Tax Computation**

| | | | |
|---|---|---|---|
| 32 | Amount from line 31 (adjusted gross income) | 32 | 168,738 |
| 33 | a Check if: ☐ You were 65 or older, ☐ Blind, ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | |
| | b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ▶ 33b ☐ | | |
| 34 | Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single – $4,000 • Married filing jointly or Qualifying widow(er) – $6,700 • Head of household – $5,900 • Married filing separately – $3,350 | 34 | 16,432 |
| 35 | Subtract line 34 from line 32 | 35 | 152,306 |
| 36 | If line 32 is $88,475 or less, multiply $2,550 by the total number of exemptions claimed on line 6d. If line 32 is over $88,475, see the worksheet in the inst. for the amount to enter | 36 | 10,200 |
| 37 | Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter –0– | 37 | 142,106 |
| 38 | Tax. See instructions. Check if total includes any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ▶ | 38 | 35,933 |

If you want the IRS to figure your tax, see the instructions for line 37

**Credits**

| | | | | |
|---|---|---|---|---|
| 39 | Credit for child and dependent care expenses. Att. Form 2441 | 39 | | |
| 40 | Credit for the elderly or the disabled. Attach Schedule R | 40 | | |
| 41 | Foreign tax credit. Attach Form 1116 | 41 | | |
| 42 | Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) | 42 | | |
| 43 | Add lines 39 through 42 | | | 43 |
| 44 | Subtract line 43 from line 38. If line 43 is more than line 38, enter –0– ▶ | | | 44 35,933 |

**Other Taxes**

| | | | |
|---|---|---|---|
| 45 | Self-employment tax. Att. Sch. SE | 45 | |
| 46 | Alternative minimum tax. Attach Form 6251 | 46 | |
| 47 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 47 | |
| 48 | Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 | 48 | |
| 49 | Advance earned income credit payments from Form(s) W-2 | 49 | |
| 50 | Household employment taxes. Attach Schedule H | 50 | 272 |
| 51 | Add lines 44 through 50. This is your **total tax** ▶ | 51 | 36,205 |

**Payments**

Attach Forms W-2, W-2G, and 1099-R on the front.

| | | | | |
|---|---|---|---|---|
| 52 | Federal income tax withheld from Forms W-2 and 1099 | 52 | 36,800 | |
| 53 | 1996 estimated tax payments and amount applied from 1995 return | 53 | 860 | |
| 54 | **Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ and type ▶ No | 54 | | |
| 55 | Amount paid with Form 4868 (request for extension) | 55 | | |
| 56 | Excess social security and RRTA tax withheld (see inst.) | 56 | | |
| 57 | Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 | 57 | | |
| 58 | Add lines 52 through 57. These are your **total payments** ▶ | | | 58 37,660 |

**Refund**

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

| | | | |
|---|---|---|---|
| 59 | If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you **OVERPAID** | 59 | 1,455 |
| 60a | Amount of line 59 you want **REFUNDED TO YOU** ▶ | 60a | 765 |
| | b Routing number c Type: ☐ Checking ☐ Savings | | |
| | d Account number | | |
| 61 | Amount of line 59 you want **APPLIED TO 1997 ESTIMATED TAX** ▶ 61 690 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 62 | If line 51 is more than line 58, subtract line 58 from line 51. This is the **AMOUNT YOU OWE.** For details on how to pay and use **Form 1040-V**, see instructions. ▶ | 62 | |
| 63 | Estimated tax penalty. Also include on line 62 | 63 | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date Your occupation USCONGRESSMAN

Keep a copy of this return for your records.

Spouse's signature. If a joint return, BOTH must sign. ▶ Date Spouse's occupation PERSON ADMN

**Paid Preparer's Use Only**

Preparer's signature ▶ Date Check if self-employed ☐ Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ Ivener & Demkovich, CPA's, 3423 Central Ave. N.E., Albuquerque, NM

EIN 85-0322288

ZIP code 87106

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

# Schedule A – Itemized Deductions

2046

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1996
Attachment Sequence No. 07

Name(s) shown on Form 1040: STEVEN H AND MARCIA S SCHIFF

Your social security number: 360-40-7830

| | | | | | | |
|---|---|---|---|---|---|---|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see page A-1) | 1 | 950 | | |
| | 2 | Enter amount from Form 1040, line 32 .... 2 168,738 | | | | |
| | 3 | Multiply line 2 above by 7.5% (.075) | 3 | 12,655 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0 |
| Taxes You Paid | 5 | State and local income taxes | 5 | 10,319 | | |
| | 6 | Real estate taxes (see page A-2) | 6 | 1,140 | | |
| | 7 | Personal property taxes | 7 | | | |
| (See page A-1.) | 8 | Other taxes. List type and amount ▶ | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 11,459 |
| Interest You Paid | 10 | Home mortgage interest and points reported on Form 1098 | 10 | 30 | | |
| (See page A-2.) | 11 | Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-2 & show that person's name, ID no. & address ▶ | 11 | | | |
| Note: Personal interest is not deductible. | 12 | Points not reported on Form 1098. See page A-3 | 12 | | | |
| | 13 | Investment interest. If required, attach Form 4952. (See page A-3) | 13 | | | |
| | 14 | Add lines 10 through 13 | | | 14 | 30 |
| Gifts to Charity | 15 | Gifts by cash or check. If any gift of $250 or more, see pg. A-3 | 15 | 5,982 | | |
| If you made a gift and got a benefit for it, see page A-3. | 16 | Other than by cash or check. If any gift of $250 or more, see page A-3. If over $500, you MUST attach Form 8283 | 16 | | | |
| | 17 | Carryover from prior year | 17 | | | |
| | 18 | Add lines 15 through 17 | | | 18 | 5,982 |
| Casualty and Theft Losses | 19 | Casualty or theft loss(es). Attach Form 4684. (See page A-4.) | | | 19 | 0 |
| Job Expenses and Most Other Miscellaneous Deductions | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.) ▶ Form 2106 (Taxpayer) 3,142; Union and Professional Dues 325 | 20 | 3,467 | | |
| | 21 | Tax preparation fees | 21 | 343 | | |
| (See page A-5 for expenses to deduct here.) | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ▶ UNIFORMS & CONV 50 | 22 | 50 | | |
| | 23 | Add lines 20 through 22 | 23 | 3,860 | | |
| | 24 | Enter amount from Form 1040, line 32 .... 24 168,738 | | | | |
| | 25 | Multiply line 24 above by 2% (.02) | 25 | 3,375 | | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | | 26 | 485 |
| Other Miscellaneous Deductions | 27 | Other – from list on page A-4. List type and amount ▶ | | | 27 | 0 |
| Total Itemized Deductions | 28 | Is Form 1040, line 32, over $117,950 (over $58,975 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter. | | | 28 | 16,432 |

Schedules A&B (Form 1040) 1996 — OMB No. 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. — Your social security number

STEVEN H AND MARCIA S SCHIFF — 360-40-7830

## Schedule B – Interest and Dividend Income

Attachment Sequence No. 08

**Part I Interest Income** (See page B-1.)

**Note:** If you had over $400 in taxable interest income, you must also complete Part III.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

| Name of payer | Amount |
|---|---|
| Cornelius-REC | 80 |
| Chase Manhatten | 16 |
| Congressional FCU | 74 |
| Ethicon Empl CU | 78 |
| Prudential | 62 |
| Sunwest Bank | 84 |
| Norwest Bank | 29 |
| US NM FCU | 26 |

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1

2 Add the amounts on line 1 — 2 — 449

3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040 — 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ — 4 — 449

**Part II Dividend Income** (See page B-1.)

**Note:** If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.

5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8

| Name of payer | Amount |
|---|---|
| ▶ General Electric | 63 |
| Johnson & Johnson | 78 |
| S&S Long Term Int | 283 |

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

5

6 Add the amounts on line 5 — 6 — 424

7 Capital gain distributions. Enter here and on Schedule D* — 7

8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) — 8

9 Add lines 7 and 8 — 9

10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶ — 10 — 424

* If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.

**Part III Foreign Accounts and Trusts** (See page B-1.)

You must complete this part if you **(a)** had over $400 of interest or dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 11a At any time during 1996, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-1 for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If "Yes," enter the name of foreign country ▶ | | |
| 12 During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," see page B-2 for other forms you may have to file | | X |

▶FA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 1996

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

# Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

OMB No. 1545-0074

1996

Attachment Sequence No. 12

Name(s) shown on Form 1040: STEVEN H AND MARCIA S SCHIFF

Your social security number: 360-40-7830

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example, 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see page D-3) | (e) Cost or other basis (see page D-3) | (f) LOSS If (e) is more than (d), subtract (d) from (e) | (g) GAIN If (d) is more than (e), subtract (e) from (d) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 2 Enter your short-term totals, if any, from line 21 | 2 | | |
| 3 Total short-term sales price amounts. Add column (d) of lines 1 and 2 | 3 | | |
| 4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824 | 4 | | |
| 5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet | 6 | | |
| 7 Add lines 1 through 6 in columns (f) and (g) | 7 | ( ) | |
| 8 Net short-term capital gain or loss. Combine columns (f) and (g) of line 7 ▶ | 8 | | |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| | | | | | | |
|---|---|---|---|---|---|---|
| S&S Long Term | | 3/20/96 | 4,500 | 4,544 | 44 | |
| S&S Long Term | | 4/08/96 | 3,000 | 3,071 | 71 | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 10 Enter your long-term totals, if any, from line 23 | 10 | | |
| 11 Total long-term sales price amounts. Add column (d) of lines 9 and 10 | 11 | 7,500 | |
| 12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824 | 12 | | |
| 13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 13 | | |
| 14 Capital gain distributions | 14 | | |
| 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet | 15 | | |
| 16 Add lines 9 through 15 in columns (f) and (g) | 16 | ( 115 ) | |
| 17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 ▶ | 17 | | -115 |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| 18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the **Capital Gain Tax Worksheet** on page 24 | 18 | -115 |
| 19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses: a The loss on line 18; or b ($3,000) or, if married filing separately, ($1,500) | 19 | ( -115 ) |

Note: See the **Capital Loss Carryover Worksheet** on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1996

KFA

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-0074

1996

Attachment Sequence No. 44

Name of employer (as shown on return): MARCIA S SCHIFF

Social security number: 331-42-7371

Employer identification number: 331-42-7371

A Did you pay any one household employee cash wages of $1,000 or more in 1996? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

☒ Yes. Skip questions B and C and go to Part I.

☐ No. Go to question B.

B Did you withhold Federal income tax during 1996 for any household employee?

☐ Yes. Skip question C and go to Part I.

☐ No. Go to question C.

C Did you pay total cash wages of $1,000 or more in any calendar quarter of 1995 or 1996 to household employees? (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

☐ No. Stop. Do not file this schedule.

☐ Yes. Skip Part I and go to Part II on the back.

## Part I Social Security, Medicare, and Income Taxes

| | | | | |
|---|---|---|---|---|
| 1 Total cash wages subject to social security taxes (see page 3) | 1 | 1,776 | | |
| 2 Social security taxes. Multiply line 1 by 12.4% (.124) | | | 2 | 220 |
| 3 Total cash wages subject to Medicare taxes (see page 3) | 3 | 1,776 | | |
| 4 Medicare taxes. Multiply line 3 by 2.9% (.029) | | | 4 | 52 |
| 5 Federal income tax withheld, if any | | | 5 | |
| 6 Add lines 2, 4, and 5 | | | 6 | 272 |
| 7 Advance earned income credit (EIC) payments, if any | | | 7 | |
| 8 **Total social security, Medicare, and income taxes.** Subtract line 7 from line 6 | | | 8 | 272 |

9 Did you pay total cash wages of $1,000 or more in any calendar quarter of 1995 or 1996 to household employees? (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

☒ No. Stop. Enter the amount from line 8 above on Form 1040, line 50, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions on page 4.

☐ Yes. Go to Part II on the back.

Form **2106–EZ**

Department of the Treasury
Internal Revenue Service (99)

# Unreimbursed Employee Business Expenses

▶ See instructions on back.
▶ Attach to Form 1040.

OMB No. 1545-1441

**1996**

Attachment Sequence No. 54A

| Your name | Social security number | Occupation in which expenses were incurred |
|---|---|---|
| STEVEN H SCHIFF | 360-40-7830 | US CONGRESSMAN |

## Part I General Information

You May Use This Form ONLY If All of the Following Apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  **a** You own your vehicle, and
  **b** You are using the standard mileage rate for 1996 **and** also used it for the year you first placed the vehicle in service.

## Part II Figure Your Expenses

| | | | |
|---|---|---|---|
| 1 | Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31 cents (.31) | 1 | |
| 2 | Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work | 2 | |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | 3,142 |
| 4 | Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment | 4 | |
| 5 | Meals and entertainment expenses: $ _____ x 50% (.50) | 5 | |
| 6 | **Total expenses.** Add lines 1 through 5. Enter here and **on line 20 Schedule A (Form 1040).** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter this amount.) | 6 | 3,142 |

## Part III Information on Your Vehicle.

Complete this part ONLY if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

8 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

11a Do you have evidence to support your deduction? ☐ Yes ☐ No
b If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see back of form.

orm **2106–EZ**

epartment of the Treasury
ternal Revenue Service (99)

# Unreimbursed Employee Business Expenses

▶ See instructions on back.
▶ Attach to Form 1040.

OMB No. 1545-1441

**1996**

Attachment Sequence No. **54A**

| our name | Social security number | Occupation in which expenses were incurred |
|---|---|---|
| MARCIA S SCHIFF | 331-42-7371 | PERSON ADMN |

## Part I General Information

ou May Use This Form ONLY If All of the Following Apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  a You own your vehicle, and
  b You are using the standard mileage rate for 1996 and also used it for the year you first placed the vehicle in service.

## Part II Figure Your Expenses

| | | | |
|---|---|---|---|
| 1 Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31 cents (.31) | 1 | | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work | 2 | | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | | |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | | |
| 5 Meals and entertainment expenses: $ _____ x 50% (.50) | 5 | | |
| 6 Total expenses. Add lines 1 through 5. Enter here and on line 20 Schedule A (Form 1040). (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter this amount.) | 6 | | |

## Part III Information on Your Vehicle. Complete this part ONLY if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

8 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

11a Do you have evidence to support your deduction? ☐ Yes ☐ No
b If "Yes," is the evidence written? ☐ Yes ☐ No

3 0 0 0 0 3

## 1996 PIT-1 New Mexico Personal Income Tax Form

Amended

For the year January 1 - December 31, 1996 or other taxable year beginning 1996, ending

1 Your Social Security No. 360-40-7830 X Resident Nonresident

2 Spouse's Social Security No. 331-42-7371 X Resident Nonresident

:TEVEN H SCHIFF
:ARCIA S SCHIFF
:04 SUMMIT NE
.LBUQUERQUE, NM 87106

ne of Claimant
Deceased Taxpayer

2a Extension of Time to File – Check the box if you have an automatic federal extension

4 **Exemptions** Check boxes for persons included on this return. Check spouse only on a joint return.

**(If someone can claim you as a dependent, do not check either box)**

Filing Status – Check only one box below.

(1) Single X (2) Married filing jointly (3) Married filing separately (enter spouse's SSN line 2)

(4) Head of Household (enter name of person qualifying you as head of household only if not listed on line 5)

(5) Qualifying widow(er) with dependent – Indicate year spouse died 94 95

5 Dependents

| First Name Check if under age 1 | Social Security Number | First Name Check if under age 1 | Social Security Number |
|---|---|---|---|
| AIMI | 585-98-8709 | | |
| ANIEL | 525-41-3707 | | |

| | | |
|---|---|---|
| 4a Yourself | | X |
| 4b Spouse | | X |
| 4c Number of boxes checked on 4a and 4b | ▶ | 2 |
| 5 Number of dependents listed in 5 | ▶ | 2 |
| 6 Add boxes 4c and 5 Total Exemptions | ▶ | 4 |

come and Adjustments

| | | |
|---|---|---|
| 7. Federal adjusted gross income (line 31, fed. Form 1040 or line 16, 1040A or line 4, 1040EZ) | 7 ▶ | 168,738.00 |
| 8. Interest and dividends from federally tax-exempt bonds (line 8b of federal Form 1040 or Form 1040A) See instructions; also see deductions on lines 13 and 15 | 8 ▶ | .00 |
| 9. Net operating loss carry forward included in line 21 of federal Form 1040 (enter as a positive number). See instructions; also see the New Mexico carry forward deduction on ln 14 | 9 ▶ | .00 |
| 0. Add lines 7, 8 and 9. Enter total here. **This is your New Mexico Base Income** | 10 ▶ | 168,738.00 |
| eductions from **Base Income** | | |
| 1. Federal deduction amount (line 34, federal Form 1040 or line 19, 1040A or line 5, 1040EZ) **If you itemized for federal tax purposes, check this box** X | 11 ▶ | 16,432.00 |
| 2. Federal exemption amount (ln 36, federal Form 1040 or ln 21, 1040A or enter zero if you filed 1040EZ). NOTE for federal Form 1040EZ filers: your exemption amount is included on line 11 with your deduction since the deduction and exemption amounts are combined on line 5 of federal Form 1040EZ. | 12 ▶ | 10,200.00 |
| 3. Deduction for New Mexico tax-exempt interest and dividends. See instructions. If line 13 exceeds the amount on line 8, attach an explanation. | 13 ▶ | .00 |
| 4. Net operating loss carry forward allowed under NM law. See Instructions and worksheet | 14 ▶ | .00 |
| 5. Interest received on U.S. Government Obligations | 15 ▶ | .00 |
| 6. Taxable Railroad Retirement Act annuities and benefits; taxable Railroad Unemployment Insurance Act sick pay. **(Attach Forms RRB1099 and RRB1099R.)** | 16 ▶ | .00 |
| 7. Income of an Indian that was wholly earned on the lands of the reservation or pueblo of which the indiv. is an enrolled member while domiciled on that land, reserv. or pueblo. (see Instr.). I am enrolled as a member of the _____ Indian nation, tribe or pueblo. My enrollment or census no. _____ SP's no. | 17 ▶ | .00 |
| 8. Deduction for persons age 65 and older, or for persons who are blind Yourself Spouse (See instructions.) If you or your spouse are age 65 or older or blind you must check here or your deduction will be disallowed | 18 ▶ | .00 |
| 9. Deduction for adoption of special needs children (see instructions) | 19 ▶ | .00 |
| 0. ADD lines 11 through 19. Enter total here | 20 ▶ | 26,632.00 |

6 PIT-1

3 0 0 0 1 4

STEVEN H AND MARCIA S SCHIFF 360-40-7830

| | | |
|---|---|---|
| 21. Subtract line 20 from line 10. Enter result here (if line 20 is greater than line 10, enter zero) This is your New Mexico Taxable income | 21 | 142,106.00 |
| 22. Tax from appropriate tax rate table or schedule for line 21 amount (if line 21 is zero, enter 0) | 22 ▶ | 9,855.00 |
| 23. Enter amount of tax on lump sum distributions from worksheet in the instructions | 23 ▶ | .00 |
| 24 Add lines 22 and 23. Enter total here | 24 | 9,855.00 |
| 25. Tax from line 17, PIT-B Form, Allocation and Apportionment Schedule (Attach PIT-B Form) | 25 ▶ | .00 |
| 26. Enter amount from line 24 or if you completed the PIT-B Form, enter the amount from line 25 | 26 ▶ | 9,855.00 |
| Credits | | |
| 27. For New Mexico Residents Only – Credit for taxes paid to another state from worksheet in the instructions. (Attach a copy of other state's return) | 27 ▶ | .00 |
| 28. Cultural Properties Preservation Credit. (Attach certification and PIT-4, Cultural Property Claim Form) | 28 ▶ | .00 |
| 29. Qualified Business Facility Rehabilitation Credit. (Attach certification and PIT-5, Business Facility Rehabilitation Form.) | 29 ▶ | .00 |
| 30. Add lines 27, 28 and 29. Enter total here | 30 | .00 |
| 31 Subtract line 30 from line 26. (If line 30 is greater than line 26, enter zero.) This is Your Net Tax | 31 | 9,855.00 |
| 32 New Mexico income tax withheld. (Include State Copy of W-2 Forms with this Form.) | 32 ▶ | 10,176.00 |
| 33 Prepayment of 1996 New Mexico personal income taxes. (See instructions.) | 33 ▶ | .00 |
| 34 For New Mexico Residents Only – Credit for prescription drugs. (See Instructions) | 34 ▶ | 9.00 |
| 35. Total claimed on rebate and credit schedule (from line 21 of PIT-RC; attach PIT-RC.) | 35 ▶ | .00 |
| Amended Returns Only: | | |
| 36. Enter the amount paid with the original tax return plus additional tax paid after it was filed. (Include a copy of federal Form 1040 or 1040X, or a written explanation if no 1040 or 1040X was filed.) | 36 ▶ | .00 |
| 37 Add lines 32 through 36. Enter total here | 37 ▶ | 10,185.00 |
| Amended Returns Only: | | |
| 38. Enter the amt. of any previous refund that you received for tax year 1996. If none, enter 0... (Include a copy of federal Form 1040 or 1040X, or a written explanation if no 1040 or 1040X was filed.) | 38 ▶ | .00 |
| 39 Subtract line 38 from line 37. If line 38 is zero, enter the amount from line 37 | 39 | 10,185.00 |
| 40 If line 31 is greater than line 39, the difference is the Tax Due. Enter the amount you owe | 40 ▶ | .00 |
| 41 If line 31 is less than line 39, the difference is the Refund Amount. Enter here. | 41 ▶ | 330.00 |
| 42 Total of voluntary fund contributions from line 7 of PIT-D Form. (Attach PIT-D Form.) Total fund contributions may not exceed the amount on line 41. | 42 ▶ | .00 |
| 43 Subtract line 42 from line 41 and enter the amount here. This is Your Net Refund | 43 ▶ | 330.00 |

Mail This Return To: New Mexico Taxation and Revenue Department, P.O. Box 25122, Santa Fe, New Mexico 87504-5122

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

X Check here if you do not need a 1997 forms packet

Your signature | Date

▲ Preparer's NM CRS ID Number

Spouse's signature | Date
(If filing jointly, BOTH must sign even if only one had income)

Signature of Preparer Other Than Taxpayer Date

Ivener & Demkovich, CPA's
3423 Central Ave. N.E.
Albuquerque, NM 87106

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 15 PM 4:30
HAND DELIVERED
MC
(Office Use Only)

Charles Ellis Schumer
(Full Name)

2211 Rayburn HOB Washington DC 20515 (202) 225-6616
(Mailing Address) (Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State NY, District 9th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Charles Schumer

DATE (Month/Day/Year): 5/15/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Example:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| U.S. House of Representatives | Members Salary | $126,919 |
| City of New York | Spouses Salary | $91,446 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Charles Schumer



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Dreyfus 100% US Treas Fund | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Dreyfus 100% US Treas. Fund | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Citibank - CD | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Value Line - Money Market | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Merrill Lynch O Treas (IRA) | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | Municipal Credit Union | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles Schumer



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Govt. Securities Income Fund (IRA) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| SP | Govt. Securities Income Fund (IRA) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | US Treas Bill - 0 Coupon | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | US Treas Bill - 0 Coupon | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Citibank Checking | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Citibank Savings | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC | Resources Accured Mtges | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | NYC Deferred Comp Plan | | | | X | | | | | | | | | | n/a | | | | | | | n/a | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Charles Schumer



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | Independence Savings Bank | Mortgage on 9 PPW, Brklyn, NY (personal residence exempt from reporting but in interests of full disclosure listed | | | X | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |

Use additional sheets if more space is required.

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Healthcare Association of NYS | Oct. 17-18 | NYC - Lake George - NYC | Y | Y | N | N |
| | NYS Newspaper Publishers | Mar. 10-11 | NYC - Albany - NYC | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO: 1997: 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 5:04

HAND DELIVERED

(Office Use Only)

Robert C. Scott
(Full Name)

2464 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
202/225-8351

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State VA District 03 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS:** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

3114

Name Robert C. Scott | Page 2 of 8

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Peggy Bazemore | attorney's fees on case which had subsequently been referred to another attorney. This represents work done by member prior to election to congress | $8,333.33 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| SP<br>DC *Examples* SP 123 Main St., Dover, Del<br>JT 1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| Automatic Data Processing (stock) | $1,001 - $15,000 | Dividends | None - $200 | |
| Coca Cola/Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| General Mills/Stock | $1,001 - $15,000 | Dividends<br>Capital Gains | None - $200 | S |
| Sigma Aldridge/Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| Rubbermaid/Stock | $1,001 - $15,000 | Dividends<br>Capital Gains | None - $200 | S |
| Oakmark Fund/Mutual Fund | $1,001 - $15,000 | Dividends<br>Capital Gains | $201 - $1,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Kaufmann Fund/Mutual Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | | Capital Gains | | |
| Jundt Fund/Mutual Fund | $1,001 - $15,000 | Dividends | None - $200 | |
| | | Capital Gains | | |
| Aim Aggressive Growth Mutual Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | | Capital Gains | | |
| Conn Mutual/Annuity Fund | $1,001 - $15,000 | | | P |
| Value Line Funds | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | P |
| (incl Fund, LevGrowth, and Asset Allocation) | | | | |
| Fidelity Growth & Inc/Mut Fd | $1,001 - $15,000 | Dividends | None - $200 | P |
| Fidelity Div Growth/Mut Fd | $1,001 - $15,000 | Dividends | None - $200 | P |
| PBGH Growth/Mutual Fund | $1,001 - $15,000 | | None - $200 | P |
| Perkins Oppty Fund/Mut Fd | $1,001 - $15,000 | | | P |
| | | | | S |
| SunAmerica Small Co/Mut Fd | $1,001 - $15,000 | | | P |
| | | | | S |
| Wendy's/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| Home Depot/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| Colgate/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| AFLAC/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| Walt Disney/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| Dionex/Stock | $1,001 - $15,000 | | | P |
| Thermo Elecron/Stock | $1,001 - $15,000 | | | P |
| WalMart Stores/Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| Fidelity Money Market Fund | $1,001 - $15,000 | Dividends | None - $200 | P |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Wheat, First Securities Money Market Fund | $1,001 - $15,000 | Dividends | None - $200 | P |
| PCFN Money Market Fund | $1,001 - $15,000 | Dividends | None - $200 | P |
| Professional Investment Associates/Investment Club | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| | | Interest | | |
| | | Capital Gains | | |
| **AFLAC/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Abbott Labs/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Automatic Data Proc/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Berkshire Hathaway/PIA Stock | $1,001 - $15,000 | | | P |
| **Coca Cola/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Dollar General/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Equifax/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **General Electric/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Johnson & Johnson/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **McDonald's/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Pepsico/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **Synouvous/PIA Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| **all stocks above designated with the "**" are stocks in the Professional Investment Club portfolio, and only the members interest is considereded | | | | |
| Congressional Federal Credit Union | $1,001 - $15,000 | Interest | None - $200 | |
| Chevy Chase F S B | $1,001 - $15,000 | Interest | None - $200 | |
| Scott Family Trust | $1,001 - $15,000 | | | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | General Mills/Stock | Sold | 1/17/96 | $1,001 - $15,000 |
| | WalMart Stores/Stock | Purchase | 1/17/96 | $1,001 - $15,000 |
| | PBGH Growth/Mutual Fund | Purchase | 1/26/96 and several transactions of $100 | $1,001 - $15,000 |
| | Walt Disney/Stock | Purchase | 3/16/96 | $1,001 - $15,000 |
| | Fidelity Growth & Income/Mutual Fund | Purchase | 4/02/96 | $1,001 - $15,000 |
| | Fidlelty Dividend Growth/Mutual Fund | Purchase | 4/02/96 | $1,001 - $15,000 |
| | Rubbermaid/Stock | Sold | 12/16/96 | $1,001 - $15,000 |
| | Dionex/Stock | Purchase | 12/16/96 | $1,001 - $15,000 |
| | Thermo Electron | Purchase | 12/23/97 | $1,001 - $15,000 |
| | Home Depot/Stock | Purchase | various times during the year | $1,001 - $15,000 |
| | Wendy's/Stock | Purchase | various times | $1,001 - $15,000 |
| | Professional Investment Associates/Inv Club | Purchase | $200/mo | $1,001 - $15,000 |
| | **Berkshire Hathaway Stock owned by PIA/it is the only transaction in which the member's interest in the transaciton exceeded $1,000 | Purchase | 5/22/96 | $1,001 - $15,000 |
| | SunAmerica Small Co/Mutual Fund | Purchase | 4/19/96 | $1,001 - $15,000 |
| | SunAmerica Small Co/Mutual Fund | Sold | 10/16/96 | $1,001 - $15,000 |
| | Luby's Cafeteria/Stock | Purchase | 4/08/96 | $1,001 - $15,000 |
| | Luby's Cafeteria/Stock | Sold | 12/02/96 | $1,001 - $15,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Congressional Federal Credit Union | revolving credit card | $10,001 - $15,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Organization |
|---|---|
| Board Member | March of Dimes/Hamton Roads local chapter |

ROBERT C. (BOBBY) SCOTT
3D DISTRICT, VIRGINIA
2464 RAYBURN OFFICE BUILDING
WASHINGTON, DC 20515–4603
(202) 225-8351

COMMITTEES
JUDICIARY
SUBCOMMITTEE
CONSTITUTION RANKING MEMBER
EDUCATION AND THE WORKFORCE
SUBCOMMITTEE
EARLY CHILDHOOD YOUTH AND FAMILIES

**Congress of the United States**
**House of Representatives**
Washington, DC 20515–4603

DISTRICT OFFICES
NEWPORT NEWS
2600 WASHINGTON AVE
SUITE 1010
NEWPORT NEWS VA 23607
(757) 380-1000
RICHMOND
THE JACKSON CENTER
501 N 2ND STREET
RICHMOND VA 23219-1321
(804) 644-4845
PETERSBURG
(804) 748-6442

97 JUN -3 AM 9:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

June 2, 1997

Ms. Robin H. Carle
Clerk of the House of Representatives
B106 Cannon House Office Building
Washington, D.C. 20515

Dear Madame Clerk:

I learned that I inadvertently omitted listing the purchase and sale of Perkins Opportunity Fund stock on Schedule IV in addition to having listed it on Schedule III. The omitted information is included on the enclosed amended Schedule IV.

Please let me know if additional information is needed.

Very truly yours,

Robert C. Scott
Member of Congress

RCS/dmf

Name Robert C. Scott | Page ____ of ____

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | General Mills/Stock | Sold | 1/17/96 | $1,001 - $15,000 |
| | WalMart Stores/Stock | Purchase | 1/17/96 | $1,001 - $15,000 |
| | PBGH Growth/Mutual Fund | Purchase | 1/26/96 and several transactions of $100 | $1,001 - $15,000 |
| | Walt Disney/Stock | Purchase | 3/16/96 | $1,001 - $15,000 |
| | Fidelity Growth & Income/Mutual Fund | Purchase | 4/02/96 | $1,001 - $15,000 |
| | Fidlelity Dividend Growth/Mutual Fund | Purchase | 4/02/96 | $1,001 - $15,000 |
| | Rubbermaid/Stock | Sold | 12/16/96 | $1,001 - $15,000 |
| | Dionex/Stock | Purchase | 12/16/96 | $1,001 - $15,000 |
| | Thermo Electron | Purchase | 12/23/97 | $1,001 - $15,000 |
| | Home Depot/Stock | Purchase | various times during the year | $1,001 - $15,000 |
| | Wendy's/Stock | Purchase | various times | $1,001 - $15,000 |
| | Professional Investment Associates(PIA)/Investment Club | Purchase | $200/mo | $1,001 - $15,000 |
| | **Berkshire Hathaway Stock owned by PIA/it is the only transaction in which the member's interest in the transaction exceeded $1,000 | Purchase | 5/22/96 | $1,001 - $15,000 |
| | SunAmerica Small Co/Mutual Fund | Purchase | 4/19/96 | $1,001 - $15,000 |
| | SunAmerica Small Co/Mutual Fund | Sold | 10/16/96 | $1,001 - $15,000 |
| | Luby's Cafeteria/Stock | Purchase | 4/08/96 | $1,001 - $15,000 |
| | Luby's Cafeteria/Stock | Sold | 12/02/96 | $1,001 - $15,000 |
| | Perkins Opportunity Fund | Purchase | 4/17/96 and 9 purchases of $100 during the year | $1,001 - $15,000 |
| | Perkins Opportunity Fund | Sold | 12/12/96 | $1,001 - $15,000 |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 11:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

(20)

The Honorable F. James Sensenbrenner, Jr.
(Full Name)

2332 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-5101

| Filer Status | | | | | |
|---|---|---|---|---|---|
| Report Type | X Member of the U.S. House of Representatives | State: WI District: 09 | ☐ Officer or Employee | Employing Office: | |
| | X Annual (May 15) | ☐ Amendment | | ☐ Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [X] No [ ]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: F. James Sensenbrenner Jr.

DATE (Month/Day/Year): 5/17/97

3124

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Sensenbrenner Family Trust (Trustee Fee) | Family | 20,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| SP, DC, JT *Examples* SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| Abbott Laboratories stock | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | NA |
| Ameritech stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA * |
| AMOCO Oil Co. stock | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | NA |
| AT&T stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA * |
| Bank One stock | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | NA |
| Bell Atlantic stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA * |
| Bell South stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA * |
| Dean Whitter stock | $1,001 - $15,000 | Dividends | None - $200 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Dunn & Bradstreet stock | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | NA |
| | DuPont stock | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| | Eastman Chemical stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| | Eastman Kodak stock | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| | Exxon Corporation stock | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | NA |
| | Firstar stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| | General Electric stock | $250,001 - $500,000 | Dividends | $2,501 - $5,000 | NA |
| | General Mills stock | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | NA |
| | General Motors | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| | Halliburton Corp stock | $50,001 - $100,000 | Dividends | $201 - $1,000 | NA |
| | Houston Industries stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | Kellogg Corp stock | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | NA |
| | Kimberly Clark Corp stock | $1,000,001 - $5,000,000 | Dividends | $15,001 - $50,000 | S |
| | Merck & Co stock | $1,000,001 - $5,000,000 | Dividends | $15,001 - $50,000 | NA |
| | Minn Min & Mfg stock | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| | Monsanto Corp stock | $250,001 - $500,000 | Dividends | $2,501 - $5,000 | NA |
| | Newell stock | $50,001 - $100,000 | Dividends | $201 - $1,000 | NA |
| | NYNEX stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | Ogden & Co stock | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |
| | Pacific Gas & Electric stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | Pacific Tele stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| SP | Philip Morris Co stock | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | NA |
| | Sears Roebuck stock | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | SBC Comm stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| | Tenneco Corp stock | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Unisys Pfd stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| SP | Universal Foods stock | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| | US West stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA * |
| | Warner Lambert stock | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | NA |
| | Wisconsin Energy stock | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |
| | Allstate Ins stock | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | Darden Restaurants | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | Sandusky Voting Trust | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | Airtouch Communications | $1,001 - $15,000 | | None - $200 | NA |
| | Schweitzer-Manduit | $50,001 - $100,000 | | None - $200 | S |
| | Highlands Insurance stock | $1,001 - $15,000 | | None - $200 | NA |
| | Cognizant Corp. | $50,001 - $100,000 | | None - $200 | Spin-off |
| | x | | | | |
| | Bank One, Milwaukee | $100,001 - $250,000 | Interest | $1,001 - $2,500 | |
| | M&I Bank Lake Country Bank | $1,001 - $15,000 | Interest | None - $200 | |
| | Burke & Herbert Bank | $1,001 - $15,000 | | None - $200 | |
| | Firstar FSB, IRA | $50,001 - $100,000 | NA | NA | |
| | | | | | |
| | x | | | | |
| | x | | | | |
| | FJS Jr Trust | $500,001 - $1,000,000 | Dividends | $5,001 - $15,000 | |
| | x | | | | |
| DC | Burke & Herbert Bank | $1,001 - $15,000 | Interest | None - $200 | |
| DC | Burke & Herbert Bank | $1,001 - $15,000 | Interest | None - $200 | |
| DC | Kimberly Clark Corp (in trust) | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| DC | Burke & Herbert Bank (in trust) | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| DC | Kimberly Clark Corp (in trust) | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | |
| DC | Bank One (in trust) | $50,001 - $100,000 | Interest | $1,001 - $2,500 | |
| DC | FJS, III trust | $50,001 - $100,000 | Dividends | $5,001 - $15,000 | |
| DC | FJS, III 1993 Trust (Exempt) | | Dividends | $15,001 - $50,000 | |
| DC | RAS trust | $50,001 - $100,000 | Dividends | $5,001 - $15,000 | |
| DC | RAS 1993 Trust (Exempt) | | Dividends | $15,001 - $50,000 | |
| | Wisc State Retirement | $100,001 - $250,000 | | NA | |
| | | | | | |
| | | | | | |
| | | | | | |
| | A C Nielsen | $1,001 - $15,000 | | None - $200 | spin-off |
| | NCR Corp. | $1,001 - $15,000 | | None - $200 | spin-off |
| | El Paso Natural Gas | $1,001 - $15,000 | | None - $200 | spin-off |
| | Imation | $1,001 - $15,000 | | None - $200 | spin-off |
| | Lucent Technologies | $1,001 - $15,000 | | None - $200 | spin-off |
| | Newport News Shipbuilding | $1,001 - $15,000 | | None - $200 | spin-off |
| | | | | | |
| | | | | | * dividend reinvestment |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | | | | |
| | Kimberly Clark stock | Sold | 8/27/96 | $15,001 - $50,000 |
| | Kimberly Clark stock | Sold | 11/07/96 | $15,001 - $50,000 |
| | Kimberly Clark stock | Sold | 6/28/96 | $15,001 - $50,000 |
| | Kimberly Clark stock | Sold | 6/3/96 | $15,001 - $50,000 |
| | Kimberly Clark stock | Sold | 4/2/96 | $50,001 - $100,000 |
| | Schweitzer-Mauduit stock | Sold | 1/5/96 | $50,001 - $100,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude**: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash , D C -Chicago-Wash , D C | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash , D C -Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| George Washington University Elliot School | 1/13-1/19 | Washington/Singapore/Tokyo/Washington | Y | Y | N | 1/13-1/17 personal in Singapore |
| United States Space Foundation | 4/9 | Washington/Colorado Springs/Washington | N | N | N | no |
| George Washington University Elliot School | 11/8-11/16 | Washington/Hong Kong/Tokyo/Washington | Y | Y | N | 11/8-11/13 personal in Hong Kong |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Trustee | Sensenbrenner Family Trust |
| Co-Trustee | Separate trusts established for benefit of |
| | F James Sensenbrenner, III, and |
| | Robert Alan Sensenbrenner |

## 1996 TRADES AND RECEIPTS

9572131210 F JAMES SENSENBRENNER III 1993 TR

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/08/96 | 2.220 | One Group Government Bond Fd | 22.31 |
| 01/08/96 | 57.185 | One Group Small Co Growth Fd | 944.69 |
| 01/08/96 | 66.724 | One Group Large Company Value Fd | 808.03 |
| 01/08/96 | 4.649 | One Group Large Co Growth Fd | 67.22 |
| 01/16/96 | 139.092 | One Group Disciplined Value Fd | 1,891.65 |
| 01/16/96 | 49.976 | One Group Intl Equity Index Fd | 722.66 |
| 01/16/96 | 4.844 | One Group Ltd Volatitlity Bd Fd | 51.64 |
| 01/16/96 | 232.218 | One Group Large Company Value Fd | 2,765.72 |
| 01/16/96 | 147.094 | One Group Large Co Growth Fd | 2,085.79 |
| 01/16/96 | 104.289 | One Group Small Co Growth Fd | 1,678.01 |
| 01/16/96 | 5.105 | One Group Intermeditate Bond Fd | 51.97 |
| 01/16/96 | 30.634 | One Group Income Bond Fd | 298.68 |
| 01/16/96 | 37.432 | One Group Government Bond Fd | 375.82 |
| 04/09/96 | 6.002 | One Group Intermeditate Bond Fd | 59.00 |
| 04/09/96 | 4.995 | One Group Ltd Volatitlity Bd Fd | 52.00 |
| 04/09/96 | 28.706 | One Group Government Bond Fd | 275.00 |
| 04/09/96 | 14.421 | One Group Intl Equity Index Fd | 213.00 |
| 04/09/96 | 21.413 | One Group Income Bond Fd | 200.00 |
| 04/17/96 | 8.800 | One Group Large Co Growth Fd | 132.00 |
| 04/17/96 | 240.000 | One Group Large Co Growth Fd | 3,600.00 |
| 05/23/96 | 13.872 | One Group Intl Equity Index Fd | 207.67 |
| 05/23/96 | 52.744 | One Group Large Co Growth Fd | 823.33 |
| 07/10/96 | 219.545 | One Group Intermeditate Bond Fd | 2,136.17 |
| 07/10/96 | 104.502 | One Group Ltd Volatitlity Bd Fd | 1,081.60 |
| 07/10/96 | 129.011 | One Group Income Bond Fd | 1,188.19 |
| 07/10/96 | 132.314 | One Group Government Bond Fd | 1,249.04 |
| 12/13/96 | 102.334 | One Group Growth Opportunitites Fd | 1,726.38 |
| 12/13/96 | 266.099 | One Group Large Co Growth Fd | 4,215.01 |
| 12/13/96 | 491.234 | One Group Large Company Value Fd | 6,228.85 |
| 12/13/96 | 313.524 | One Group Disciplined Value Fd | 4,329.76 |
| | TOTAL | | $39,481.19 |

9572131210 F JAMES SENSENBRENNER III 1993 TR



**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 04/09/96 | 35.000 | One Group Disciplined Value Fd | 500.85 |
| 04/09/96 | 33.000 | One Group Large Co Growth Fd | 495.00 |
| 04/09/96 | 82.000 | One Group Growth Opportunities | 1,490.76 |
| 04/09/96 | 36.000 | One Group Large Company Value Fd | 451.44 |
| 04/17/96 | 249.827 | One Group Disciplined Value Fd | 3,600.00 |
| 07/10/96 | 137.514 | One Group Large Company Value Fd | 1,727.18 |
| 07/10/96 | 14.848 | One Group Intl Equity Index Fd | 222.43 |
| 07/10/96 | 148.199 | One Group Large Co Growth Fd | 2,230.39 |
| 07/10/96 | 47.760 | One Group Growth Opportunities | 875.91 |
| 07/10/96 | 12.505 | One Group Disciplined Value Fd | 180.70 |
| 12/26/96 | 94.456 | One Group Large Co Growth Fd | 1,533.02 |
| 12/26/96 | 180.824 | One Group Large Company Value Fd | 2,366.98 |
| | TOTAL | | $15,674.66 |

**Receipts**

| | | |
|---|---|---|
| 01/11/96 | Contribution from Margaret L. Smith | 10,000.00 |
| TOTAL | | $10,000.00 |

## 1996 TRADES AND RECEIPTS

9572131310 ROBERT ALAN SENSENBRENNER 1993 TR

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/08/96 | 43.907 | One Group Disciplined Value Fd | 607.24 |
| 01/16/96 | 142.207 | One Group Disciplined Value Fd | 1,934.02 |
| 05/23/96 | 21.035 | One Group Disciplined Value Fd | 313.00 |
| 12/13/96 | 308.778 | One Group Disciplined Value Fd | 4,264.23 |
| 01/08/96 | 70.745 | One Group Government Bond Fd | 710.99 |
| 01/16/96 | 33.876 | One Group Government Bond Fd | 340.12 |
| 04/09/96 | 27.662 | One Group Government Bond Fd | 265.00 |
| 05/23/96 | 34.753 | One Group Government Bond Fd | 334.32 |
| 11/08/96 | 113.947 | One Group Government Bond Fd | 1,114.40 |
| 12/13/96 | 78.695 | One Group Growth Opportunities Fd | 1,327.59 |
| 01/16/96 | 30.630 | One Group Income Bond Fd | 298.64 |
| 04/09/96 | 20.664 | One Group Income Bond Fd | 193.00 |
| 05/23/96 | 17.831 | One Group Income Bond Fd | 167.08 |
| 07/10/96 | 117.547 | One Group Income Bond Fd | 1,082.61 |
| 01/16/96 | 9.779 | One Group Intermediate Bond Fd | 99.55 |
| 04/09/96 | 5.799 | One Group Intermediate Bond Fd | 57.00 |
| 07/10/96 | 218.935 | One Group Intermediate Bond Fd | 2,130.24 |
| 01/16/96 | 50.129 | One Group Intl Equity Index Fd | 724.87 |
| 04/09/96 | 14.015 | One Group Intl Equity Index Fd | 207.00 |
| 05/23/96 | 34.132 | One Group Intl Equity Index Fd | 510.95 |
| 01/16/96 | 150.943 | One Group Large Co Growth Fd | 2,140.37 |
| 04/17/96 | 9.067 | One Group Large Co Growth Fd | 136.00 |
| 04/17/96 | 233.333 | One Group Large Co Growth Fd | 3,500.00 |
| 05/23/96 | 88.657 | One Group Large Co Growth Fd | 1,383.93 |
| 12/13/96 | 297.120 | One Group Large Co Growth Fd | 4,706.38 |
| 01/16/96 | 219.317 | One Group Large Company Value Fd | 2,612.07 |
| 05/23/96 | 76.485 | One Group Large Company Value Fd | 1,002.72 |
| 12/13/96 | 489.101 | One Group Large Company Value Fd | 6,201.80 |
| 01/16/96 | 9.264 | One Group Ltd Volatility Bd Fd | 98.75 |
| 04/09/96 | 4.803 | One Group Ltd Volatility Bd Fd | 50.00 |
| 07/10/96 | 105.473 | One Group Ltd Volatility Bd Fd | 1,091.65 |
| 01/08/96 | 7.544 | One Group Small Co Growth Fd | 124.62 |
| 01/16/96 | 103.952 | One Group Small Co Growth Fd | 1,672.58 |
| | TOTAL | | $41,402.72 |

**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 04/09/96 | 33.000 | One Group Disciplined Value Fd | 472.23 |
| 04/17/96 | 242.887 | One Group Disciplined Value Fd | 3,500.00 |
| 04/09/96 | 79.000 | One Group Growth Opportunities Fd | 1,436.22 |
| 04/09/96 | 31.000 | One Group Large Co Growth Fd | 465.00 |
| 07/10/96 | 145.575 | One Group Large Co Growth Fd | 2,190.90 |
| 11/08/96 | 30.984 | One Group Large Co Growth Fd | 515.58 |
| 12/26/96 | 165.471 | One Group Large Co Growth Fd | 2,685.59 |
| 04/09/96 | 34.000 | One Group Large Company Value Fd | 426.36 |
| 07/10/96 | 151.623 | One Group Large Company Value Fd | 1,904.39 |
| 12/26/96 | 283.759 | One Group Large Company Value Fd | 3,714.41 |
| TOTAL | | | $17,310.68 |

**Receipts**

| | | | |
|---|---|---|---|
| 01/11/96 | | Contribution from Margaret L. Smith | 10,000.00 |
| | TOTAL | | $10,000.00 |

## 1996 TRADES AND RECEIPTS

9572125310 F JAMES SENSENBRENNER JR TR

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 12/30/96 | 918.274 | One Group Intermed Tax Fee Fd | 10,000.00 |
| 12/30/96 | 1529.052 | One Group Large Co Growth Fd | 25,000.00 |
| 12/30/96 | 612.870 | One Group Municipal Income Fd | 6,000.00 |
| 12/30/96 | 1017.294 | One Group Value Growth Fd | 10,000.00 |
| | TOTAL | | $51,000.00 |

**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|

No sales to report

**Receipts**

No receipts to report

## 1996 TRADES AND RECEIPTS

9572031510 ROBERT ALAN SENSENBRENNER TR

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/08/96 | 40.903 | One Group Disciplined Value Fd | 565.69 |
| 01/08/96 | 62.048 | One Group Large Company Value Fd | 751.40 |
| 01/08/96 | 60.863 | One Group Small Co Growth Fd | 1,005.45 |
| 04/09/96 | 3.764 | One Group Intermediated Bond Fd | 37.00 |
| 04/09/96 | 15.843 | One Group Intl Equity Index Fd | 234.00 |
| 04/09/96 | 12.634 | One Group Income Bond Fd | 118.00 |
| 04/09/96 | 2.305 | One Group Ltd Volatility Bd Fd | 24.00 |
| 04/17/96 | 200.000 | One Group Large Co Growth Fd | 3,000.00 |
| 07/10/96 | 100.213 | One Group Income Bond Fd | 922.96 |
| 07/10/96 | 102.300 | One Group Disciplined Value Fd | 965.71 |
| 07/10/96 | 85.668 | One Group Ltd Volatility Bd Fd | 855.61 |
| 07/10/96 | 174.474 | One Group Intermediated Bond Fd | 1,697.63 |
| | TOTAL | | $10,177.45 |

**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 04/09/96 | 27.000 | One Group Disciplined Value | 386.37 |
| 04/09/96 | 14.000 | One Group Large Co Growth Fd | 210.00 |
| 04/09/96 | 40.000 | One Group Government Bond Fd | 383.20 |
| 04/09/96 | 50.000 | One Group Growth Opportunities | 909.00 |
| 04/09/96 | 49.000 | One Group Large Company Value Fd | 614.46 |
| 04/17/96 | 208.189 | One Group Disciplined Value | 3,000.00 |
| 07/10/96 | 89.726 | One Group Large Co Growth Fd | 1,350.38 |
| 07/10/96 | 44.433 | One Group Growth Opportunities | 814.91 |
| 07/10/96 | 6.593 | One Group Intl Equity Index Fd | 98.76 |
| 07/10/96 | 13.620 | One Group Disciplined Value | 196.81 |
| 07/10/96 | 132.438 | One Group Large Company Value Fd | 1,663.42 |
| | TOTAL | | $9,627.31 |

**Receipts**

No receipts to report

## 1996 TRADES AND RECEIPTS

9572031010 F JAMES SENSENBRENNER III TR

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/08/96 | 54.603 | One Group Disciplined Value Fd | $755.16 |
| 01/08/96 | 174.864 | One Group Large Company Value | $2,117.60 |
| 01/08/96 | 6.887 | One Group Intl Equity Index Fd | $100.75 |
| 01/08/96 | 133.895 | One Group Small Co Growth Fd | $2,211.95 |
| 04/09/96 | 19.379 | One Group Income Bond Fd | $181.00 |
| 04/09/96 | 2.498 | One Group Ltd Volatility Bd Fd | $26.00 |
| 04/09/96 | 17.197 | One Group Intl Equity Index Fd | $254.00 |
| 04/09/96 | 6.104 | One Group Intermediate Bond Fd | $60.00 |
| 04/17/96 | 200.000 | One Group Large Co Growth Fd | $3,000.00 |
| 07/10/96 | 101.127 | One Group Government Bond Fd | $954.64 |
| 07/10/96 | 171.878 | One Group Intermediate Bond Fd | $1,672.37 |
| 07/10/96 | 81.343 | One Group Ltd Volatility Bd Fd | $841.90 |
| 07/10/96 | 98.584 | One Group Income Bond Fd | $907.96 |
| | TOTAL | | $13,083.33 |

**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 04/06/96 | 15.000 | One Group Large Co Growth Fd | $225.00 |
| 04/09/96 | 30.000 | One Group Disciplined Value Fd | $429.30 |
| 04/09/96 | 47.000 | One Group Large Company Value Fd | $589.38 |
| 04/09/96 | 40.000 | One Group Government Bond Fd | $383.20 |
| 04/09/96 | 50.000 | One Group Growth Opportunities | $909.00 |
| 04/17/96 | 208.189 | One Group Disciplined Value Fd | $3,000.00 |
| 07/10/96 | 91.259 | One Group Large Co Growth Fd | $1,373.45 |
| 07/10/96 | 130.000 | One Group Large Company Value Fd | $1,632.80 |
| 07/10/96 | 6.458 | One Group Intl Equity Index Fd | $96.74 |
| 07/10/96 | 10.873 | One Group Disciplined Value Fd | $157.11 |
| 07/10/96 | 43.621 | One Group Growth Opportunities | $800.00 |
| | TOTAL | | $9,595.98 |

**Receipts**

No receipts to report

## 1996 TRADES AND RECEIPTS

9572007410 F JAMES SENSENBRENNER JR-TTEE

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/10/96 | 50,000 | Cotati-Rohnert Pk CA 4.4% 8/1/02 | 49,907.50 |
| 01/11/96 | 50,000 | Rocklin Calif Stanfor 4.5% 11/01/03 | 49,875.00 |
| | TOTAL | | $99,782.50 |

**Sales**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 01/02/96 | 0.760 | First Chicago NBD Corp | 29.12 |
| 01/05/96 | 4617 | Schweitzer-Mauduit Intl Inc | 105,287.16 |
| 01/08/96 | 120 | Santa Fe Pac Gold Corp | 1,564.94 |
| 05/10/96 | 0.28 | Chase Manhattan | 18.79 |
| 10/15/96 | 0.7556 | Lucent Technologies Inc | 32.84 |
| 10/31/96 | 0.5937 | Union Pac Res Group Inc | 15.67 |
| | TOTAL | | $106,948.52 |

**Receipts**

No receipts to report

## 1996 TRADES AND RECEIPTS

95722226310 Margaret L Smith 96 Exempt F James

**Purchases**

| Date | # of Shares | Security | $ Amount |
|---|---|---|---|
| 12/30/96 | 6,695.233 | One Group Equity Index Fd | $125,000.00 |
| 12/30/96 | 10,172.940 | One Group Value Growth Fd | $100,000.00 |
| 12/30/96 | 5,509.642 | One Group Intermed Tax Free Fd | $60,000.00 |
| 12/30/96 | 5,107.252 | One Group Municipal Income Fd | $50,000.00 |
| | TOTAL | | $335,000.00 |

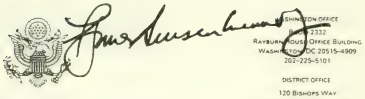
**Sales**

No sales to report

**Receipts**

| | | |
|---|---|---|
| 12/10/96 | Contribution from Margaret L Smith | $348,382.91 |
| | TOTAL | $348,382.91 |

F. JAMES SENSENBRENNER, JR.
NINTH DISTRICT, WISCONSIN
COMMITTEE ON THE JUDICIARY
COMMITTEE ON SCIENCE



WASHINGTON OFFICE
2332
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4909
202-225-5101

DISTRICT OFFICE
120 BISHOPS WAY
BROOKFIELD, WI 53005-6294
414-784-1111

OUTSIDE MILWAUKEE METRO
CALLING AREA
1-800-242-1119

E-MAIL
SENSEN09@hr.house.gov

# Congress of the United States
## House of Representatives
### Washington, DC 20515–4909

MR. SENSENBRENNER. Mr. Speaker, through the following statement, I am making my financial net worth as of March 31, 1997, a matter of public record. I have filed similar statements for each of the seventeen preceding years I have served in the Congress.

ASSETS

REAL PROPERTY

| | |
|---|---|
| Single family residence at 609 Ft. Williams Parkway, City of Alexandria, Virginia, at assessed valuation. (Assessed at $619,100). Ratio of assessed to market value: 100% (Encumbered) | $619,100.00 |
| Condominium at N76 W14726 North Point Drive, Village of Menomonee Falls, Waukesha County, Wisconsin, at assessor's estimated market value. (Unencumbered) | 91,800.00 |
| Undivided 25/44ths interest in single family residence at N52 W32654 Maple Lane, Village of Chenequa, Waukesha County, Wisconsin, at 25/44ths of assessor's estimated market value of $564,700. | 320,852.27 |
| TOTAL REAL PROPERTY | $1,031,752.27 |

1997 disclosure

| Common & Preferred Stock | # of shares | $ per share | Value |
|---|---|---|---|
| Firstar Corp. | 1352 | 27.50 | 37,180.00 |
| American Telephone & Telegraph | 549.36 | 34.88 | 19,158.93 |
| Ameritech | 386.573 | 61.25 | 23,677.60 |
| Bell Atlantic Corp. | 259.088 | 60.75 | 15,739.60 |
| Bell South Corp. | 577.9488 | 42.13 | 24,346.09 |
| NYNEX , Inc. | 280.26 | 45.50 | 12,751.83 |
| Pacific Telesis, Inc. | 148 | 37.75 | 5,587.00 |
| SBC Communications | 382.861 | 52.50 | 20,100.20 |
| U.S. West, Inc. | 282.454 | 33.88 | 9,568.13 |
| Tenneco Corp. | 814.67 | 39.00 | 31,772.13 |
| Newell Corp. | 1676 | 33.50 | 56,146.00 |
| General Mills, Inc. | 1440 | 62.13 | 89,460.00 |
| Kellogg Corp. | 1600 | 67.25 | 107,600.00 |
| Dunn & Bradstreet, Inc. | 2500 | 25.38 | 63,437.50 |
| Halliburton Company | 1000 | 67.75 | 67,750.00 |
| Kimberly-Clark Corp. | 21084 | 99.50 | 2,097,858.00 |
| Minnesota Mining & Manufacturing | 1000 | 84.38 | 84,375.00 |
| Exxon Corp. | 2432 | 107.75 | 262,048.00 |
| Amoco Corp. | 1362 | 86.38 | 117,642.75 |
| Eastman Kodak | 1080 | 76.00 | 82,080.00 |
| General Electric Co. | 2600 | 99.25 | 258,050.00 |
| General Motors Corp. | 304 | 55.38 | 16,834.00 |
| Merck & Co., Inc. | 15639 | 84.25 | 1,317,585.75 |
| Warner Lambert Co. | 2268 | 86.50 | 196,182.00 |
| Sears Roebuck & Co. | 200 | 50.13 | 10,025.00 |
| Ogden Corp. | 910 | 21.13 | 19,223.75 |
| Sandusky Voting Trust | 26 | 85.00 | 2,210.00 |
| Monsanto Corporation | 8360 | 38.25 | 319,770.00 |
| E.I. DuPont de Nemours Corp. | 600 | 106.00 | 63,600.00 |
| Wisconsin Energy Corp. | 1022 | 24.50 | 25,039.00 |
| Abbott Laboratories, Inc. | 6100 | 56.13 | 342,362.50 |
| Bank One Corp. | 3127 | 39.75 | 124,298.25 |
| Unisys, Inc. Preferred | 100 | 35.63 | 3,562.50 |
| Benton County Mining Company | 333 | 0.00 | 0.00 |
| Houston Industries | 300 | 20.88 | 6,262.50 |
| Pacific Gas & Electric | 175 | 23.50 | 4,112.50 |
| Eastman Chemical Co. | 270 | 53.75 | 14,512.50 |
| Dean Whitter Discover | 156 | 34.88 | 5,440.50 |
| Airtouch Communications | 148 | 23.00 | 3,404.00 |
| Allstate Corporation | 185 | 59.38 | 10,984.38 |
| Darden Restaurants, Inc. | 1440 | 7.88 | 11,340.00 |
| Highlands Insurance Group, Inc. | 100 | 20.38 | 2,037.50 |
| Chenequa Country Club Realty Co. | 1 | 0.00 | 0.00 |
| Cognizant Corp. | 2500 | 29.25 | 73,125.00 |
| NCR Corp. | 34 | 56.13 | 1,908.25 |
| A.C. Nielsen Co. | 833 | 15.00 | 12,495.00 |
| El Paso Natural Gas | 75 | 56.63 | 4,246.88 |

1997 disclosure

| | | | |
|---|---|---|---|
| Lucent Technologies | 174 | 52.50 | 9,135.00 |
| Newport News Shipbuilding | 122.133 | 14.50 | 1,770.93 |
| Imation Corp. | 99 | 25.00 | 2,475.00 |
| TOTAL COMMON & PREFERRED STOCKS AND BONDS | | | $6,090,271.44 |

1997 disclosure

| Life Insurance Policies | Face $ | Surrender $ |
|---|---|---|
| Northwestern Mutual #4378000 | 12,000.00 | 34,356.97 |
| Northwestern Mutual #4574061 | 30,000.00 | 82,254.44 |
| Massachusetts Mutual #4116575 | 10,000.00 | 6,685.33 |
| Massachusetts Mutual #4228344 | 100,000.00 | 145,150.70 |
| Old Line Life Ins. #5-1607059L | 175,000.00 | 25,706.54 |
| TOTAL LIFE INSURANCE POLICIES | | $294,153.98 |

1997 disclosure

| BANK & SAVINGS & LOAN ACCOUNTS | BALANCE |
|---|---|
| Bank One, Milwaukee, N.A., checking account | 10,685.36 |
| Bank One, Milwaukee, N.A., preferred savings | 149,386.21 |
| Bank One, Milwaukee, N.A., regular savings | 775.20 |
| M&I Lake Country Bank, Hartland, WI, checking account | 3,551.56 |
| M&I Lake Country Bank, Hartland, WI, savings | 327.85 |
| Burke & Herbert Bank, Alexandria, VA, checking account | 3,464.25 |
| Firstar, FSB, Butler, WI, IRA accounts | 57,168.93 |
| TOTAL BANK & SAVINGS & LOAN ACCOUNTS | $225,359.36 |

1997 disclosure

| MISCELLANEOUS | VALUE |
|---|---|
| 1985 Pontiac 6000 automobile - blue book retail value | $1,875.00 |
| 1991 Buick Century automobile - blue book retail value | $6,025.00 |
| Office furniture & equipment (estimated) | $1,000.00 |
| Furniture, clothing & personal property (estimated) | $135,000.00 |
| Stamp collection (estimated) | $46,000.00 |
| Interest in Wisconsin retirement fund | $76,299.73 |
| Deposits in Congressional Retirement Fund | $104,083.09 |
| Deposits in Federal Thrift Savings Plan | $83,502.73 |
| Traveller's checks | $8,262.00 |
| 20 ft. Manitou pontoon boat & 35 hp Force outboard motor (estimated) | $5,000.00 |
| 17 ft. Boston Whaler boat & 70 hp Johnson outboard motor (estimated) | $7,000.00 |
| 1994 Melges X Boat with sails | $5,000.00 |
| TOTAL MISCELLANEOUS | $479,047.55 |
| TOTAL ASSETS | $8,120,834.60 |

1997 disclosure

LIABILITIES

| | |
|---|---|
| Nations Bank Mortgage Company , Louisville, KY<br>on Alexandria, VA residence<br>Loan #39758-77 | $124,418.49 |
| Miscellaneous charge accounts (estimated) | $0.00 |
| TOTAL LIABILITIES | $124,418.49 |
| N E T W O R T H | $7,996,416.01 |

1997 disclosure

STATEMENT OF 1996 TAXES PAID

| | |
|---|---|
| Federal income tax | $151,622.00 |
| Wisconsin income tax | $27,707.00 |
| Menomonee Falls, WI property tax | $2,135.00 |
| Chenequa , WI property tax | $13,197.00 |
| Alexandria, VA property tax | $6,916.00 |

I further declare that I am trustee of a trust established under the will of my late father, Frank James Sensenbrenner, Sr., for the benefit of my sister, Margaret A. Sensenbrenner, and of my two sons, F. James Sensenbrenner, III, and Robert Alan Sensenbrenner. I am further the direct beneficiary of two trusts, but have no control over the assets of either trust. My wife, Cheryl Warren Sensenbrenner, and I are trustees of separate trusts established for the benefit of each son under the Uniform Gifts to Minors Act. Also, I am neither an officer nor a director of any corporation organized under the laws of the State of Wisconsin or of any other state or foreign country.

F. JAMES SENSENBRENNER, JR.,
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 5:08 (4)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVER

MC
(Office Use Only)

José E. Serrano
(Full Name)

910 Grand Concourse
Bronx NY 10451
(Mailing Address)

Daytime Telephone
202-225-4361

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State NY District 16 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

3150

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Ridgewood Homes | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | If other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| For further information, see Instructions, pages 14-20 | | | | |
| SP<br>DC *Examples*<br>JT | Mega Corp. Stock<br>SP 123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| NYS Employee Retirement System | | UNABLE TO DETERMINE AMOUNT | NA | NA | NA |

3152

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Organization |
|---|---|
| Member, Board of Directors | Manhattan College |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:10

(8)

CLERK OF THE HOUSE OF REPRESENTATIVES

PETER ANDERSON SESSIONS
(Full Name)

P.O. Box 140970 Dallas, TEXAS 75214
(Mailing Address)

Daytime Telephone
214.874.0225

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State District TEXAS 5 | ☐ Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☑ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☑

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes ☑ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes ☑ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☑

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☒ No ☐

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☑

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes ☐ No ☑

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☑

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☑

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4; §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter Sessions

DATE (Month/Day/Year): 5.15.97

3154

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SOUTHWESTERN BELL MOBILE SYSTEMS | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PETE SESSIONS | Page 2 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | Southwestern Bell Corp. | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | P, S, E |
| | Southwestern Bell Corp | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | AT&T | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | AT&T | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | AT&T | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pete Sessions



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Dallas Telco Credit Union | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | American Century - Select Fund | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | American Century - IRA Select Fund | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | IRA - Ft. Sam Houston Bank | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| SP | IRA Ft. Sam Houston Bank | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Oppenheimer Funds - Value Stock Fund A | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | Dallas Telco Credit Union | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Exxon Corporation | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Exxon Corporation - IRA | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | P & E |
| JT | Nuveen Municipal Bond Fund A&R | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| DC | ServiceMaster | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Lincoln Life - Growth & Inc Fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | US Treasury Security - IRA | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | P |
| | A.G. Edwards Centennial Money Market Trust | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pete Sessions



| BLOCK A Asset and/or Income Source | SP, DC, JT | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brazoria Tax Exempt Bonds | JT | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Hartmarx | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| Ameritech | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Ameritech | SP | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Dreyfus - Intermediate Municipal Bond Fund | JT | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| USAA Tax Exempt Long Term Fund | JT | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| USAA Money Market Fund | JT | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pete Sessions



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | US West Communications | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | US West Media | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | AirTouch | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Real Property in Hunt, Texas | | X | | | | | | | | | | (Less than 2 acres) | | | | | | X | | | | | | | | | | |
| | Bell South | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Bell South | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | Bell South | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | Bell South | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Lucent Technologies | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | Southwestern Bell Corp | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | ServiceMaster | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | US Savings Bonds | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC | US Savings Bonds | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Pfizer - IRA | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name Pete Sessions | Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | EXXON IRA | X | | | 4-8-96 | | | | X | | | | | | |
| | EXXON IRA | | X | | 11-13-96 | | | | X | | | | | | |
| | Dell Computer - IRA | X | | | 11-13-96 | | | | X | | | | | | |
| | Dell Computer - IRA | | X | | 11-20-96 | | | | X | | | | | | |
| | PFIZER Inc - IRA | X | | | 12-9-96 | | | | X | | | | | | |
| | US TREASURY Security - IRA | X | | | 2-16-96 | | | | X | | | | | | |
| | AGEdwards Centennial MoneyMarketTrust | | X | | 4-8-96 | | | | X | | | | | | |
| JT | Lucent TecHNologies Inc | | | | 10-1-96 | X | | | | | | | | | |
| | ServiceMaster | X | | | 12-12-96 | X | | | | | | | | | |
| JT | Dreyfus INTERNATIONAL MUN. BOND FUND | X | X | | Multiple transactions | | | X | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Management | EAST DALLAS YMCA |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO: 1997 38-554 (mac)

**Use additional sheets if more space is required.**

(5)

97 MAY 15 PM 5:06

HAND DELIVERED

(Office Use Only)

MC

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

John Barden Shadegg
(Full Name)

430 CHOB, Washington, D.C. 20515
(Mailing Address)

(202)225-3361
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State AZ District 4 | [ ] Officer or Employee | Employing Office | |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you, or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: J. B. Shadegg

DATE (Month/Day/Year): May 15, 1997

3162

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Shadegg | Page 2 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | | | | | | | | | | Block C: Type of Income | | | | | Block D: Amount of Income | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP | *Examples* Mega Corp Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Arizona State Retirement P.O. Box 33910, Phx., Az | | | X | | | | | | | | | | | X | | | | n/a | | | | | | | | | | |
| S | Guardian Park AV Fund IRA Account | | X | | | | | | | | | | X | | | | | | n/a | | | | | | | | | | |
| | Guardian Park AV Fund IRA Account | | X | | | | | | | | | | X | | | | | | n/a | | | | | | | | | | |
| | Prudential Securitites Command Account | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | One-Fourth interest in family summer hm, 925 Blue Jay, Prescott | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name: John Shadegg

Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | One Fourth interest in family summer home, 925 Blue Jay Dr., Prescott, AZ | X | | | 5/29/96 | | X | | | | | | | | |
| | One Fourth interest in mtg. note on 377 N. 3rd Ave., Phx., AZ | Note Paid Off | | | 1/24/96 | | X | | | | | | | | |

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Name John Shadegg | Page 4 of 5

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash , D C —Chicago—Wash , D C | N | N | N | N |
| | Boycroft Corporation | Aug 6–13 | Wash , D C —Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | GOPAC | Feb. 1-3 | Wash., D.C. - Manchester N.H., - Phoenix, AZ | Y | Y | N | N |
| | GOPAC | Feb. 16-19 | Phx., AZ - Palm Beach, Fla. - Phx., AZ | Y | Y | Y | 1 Day |
| | Council for Nat'l Policy | Mar. 8-9 | Wash., D.C. - Orlando, Fla. - Phx, AZ | Y | Y | N | N |
| | American Meat Institute | Mar. 10-11 | Phx,. AZ - Tucson, AZ - Phx, AZ | Y | Y | Y | N |
| | GOPAC | Mar. 22-23 | Wash., D.C. - Chicago, Ill. - Phx., AZ | Y | Y | N | N |
| | GOPAC | Apr. 20-21 | Phx., AZ - Wash., D.C. - Phx., AZ | N | Y | Y | N |
| | GOPAC | Nov. 9-11 | Phx., AZ - Wash., D.C. - Phx., AZ | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Advisors | Arizona Cancer Research Foundation |
| Board of Advisors | Arizona State University Law Society |
| Board of Advisors | Center for Security Policy |
| Board of Advisors | Goldwater Institute for Public Policy |
| Board of Advisors | Salvation Army |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, Officers, and Employees

97 APR 22 PM 3 [illegible]

OFFICE OF THE CLERK

HAND DELIVERED

MC

Office Use Only

Christopher Shays

Name

1 Spring Hill East Lane

Mailing Address

203/325-5541

Daytime Phone No.

Stamford, Connecticut 06903--935

Filer Status: [X] Member/Delegate/Resident Commissioner — State: [illegible] House of Representatives District [illegible]; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [illegible]; [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g. salaries or fees) of $200 or more from outside employment during the reporting period? If yes, complete and attach Schedule I — Yes [X] No [ ]

II. Did you, your spouse, or a dependent child receive any honoraria? If yes, complete and attach Schedule II — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive any reportable gifts in the aggregate amount or value of $250 or more from any one source during the reporting period? If yes, complete and attach Schedule III — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child receive reimbursements totaling more than $5,000 in the reporting period or hold any reimbursements totaling more than $5,000 at the end of the reporting period? If yes, complete and attach Schedule IV — Yes [ ] No [X]

V. Did you, your spouse, or dependent child have any reportable assets, more than $10,000 in value, held during the reporting period? If yes, complete and attach Schedule V — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the aggregate amount or value of $250 and not the same as reported in Schedule III? If yes, complete and attach Schedule VI — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable liquidation or termination payment with more than $250 in value during the reporting period? If yes, complete and attach Schedule VII — Yes [X] No [ ]

VIII. Did you hold any reportable positions, or perform any fiduciary duties during the current calendar year? If yes, complete and attach Schedule VIII — Yes [ ] No [X]

IX. Did you have any reportable agreements or arrangements with continuing effect? If yes, complete and attach Schedule IX — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding Qualified Blind Trust, approved by the Committee on Standards of Official Conduct and certain other exempted trusts need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION — [illegible] exempt from this reporting the income, assets, and transactions attributed to a spouse or dependent child [illegible] even though all other tests for exemption. (See instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

I hereby certify that the filer is in compliance with the Ethics in Government Act of 1978 as amended. This Statement of Disclosure and any attached schedules have been reviewed by the Committee on Standards of Official Conduct of the House of Representatives. Any knowingly false or willfully misleading information may subject me to civil and criminal penalties under 5 U.S.C. App. 4 §104 and 18 U.S.C. §1001.

SIGNATURE OF REPORTING INDIVIDUAL: Christopher Shays

DATE (Month, Day, Year): 4/15/97

3167

| Name | Christopher Shays | Page 2 of 5 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Example: Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| New Canaan Board of Education | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Christopher Shays



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC (Examples) | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| DC | First County Bank, Stamford | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | First County Bank, Stamford | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Congressional Federal Credit Union | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | People's Bank (Mortgage escrow) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Connecticut State Employees Retirement System | | X | | | | | | | | | | | | NA | | | | | X | | | | | | | | | NA |
| SP | Connecticut State Employees Retirement System | | | X | | | | | | | | | | | NA | | | | | X | | | | | | | | | NA |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Example | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, De. | | | | X | | | | | | |
| JT | Mrs. Virginia Skarie, Towson, Maryland | Personal Loan | | X | | | | | | | | |
| | Congressional Federal Credit Union | Personal Loan | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| Example | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Principia College | July 13-16 | Wash. DC - St. Louis - DC | Y | Y | N | N |
| Nat'l Org. of Women Legislators | Nov 12-14 | Wash. DC - Las Vegas - NYC | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:36
CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

Brad Sherman
(Full Name)

1524 Longworth H.O.B., Washington, D.C. 20515
(Mailing Address)

202-225-5911
Daytime Telephone

MC
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State CA District 24 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Brad Sherman

DATE (Month/Day/Year): May 15, 1997

3172

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of California (Board of Equalization), Sacramento | salary | $95,200 |
| | Estate of M. Sherman | Reimbursement for amounts paid to paralegals. | $ 7,000 |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Brad Sherman | Page 3 of 9 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Irvine Sensors Stock (Costa Mesa, CA) | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Wells Fargo Bank Box 63015, San Francisco, CA | | | | | | | | | | | | NA | | | | | | NA | | | | | | | | | | S |
| | Stagecoach Ginnie Mae Fund IRA Account | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bank of California (Los Angeles, CA) | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Bank of America (Santa Monica, CA) | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | American Pacific State Bank IRA | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brad Sherman



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The Dreyfus Fund | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Dreyfus General CA Muni Bond Fund | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Dreyfus CA Intermediate Muni Bond Fund | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | S |
| | Dreyfus CA Tax Exempt Bond Fund | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | (Address for Dreyfus Fund is Box 9387, Providence, RI 02940) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | As to these 3 assets, address is: David Gould, Treasurer 555 S. Flower St., #4510 Los Angeles, CA 90071 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assets are reported at face principal amount, excluding accrued but unpaid interest and not reflecting any allowance for doubtful collection. Fair market value of these promisory notes is uncertain. There are 3 assets to which this note applies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1) notes payable by "Sherman For Congress" | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | 2) notes payable by "Friends of Brad Sherman" | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 3) notes payable by Sherman 1994 State Committee (formerly "Sherman for Controller") | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Assets of CPA practice including office equipment (income is for services rendered many years ago) | | X | | | | | | | | | | | earned | | | | | | | | | X | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Brad Sherman



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Irvine Sensor Corp. | | X | | 6-21-96<br>10-22-96 | X | | | | | | | | | |

Pursuant to my conversation with the staff legal counsel of the House Committee on Standards of Official Conduct the following are not disclosed on this Schedule (though they are reflected on Schedule III):
(i) partial loan repayments received from political committees, (ii) loan I made to political committee , and (iii) deposits to and checks written on checking accounts money market accounts and mutual funds, (iv) contributions to and roll-overs of IRAs. The IRAs were bank certificates of deposit and did not involve individual stocks.

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, De | | | | X | | | | | | |
| | Bank of New York (Delaware) | Visa/Mastercard | | X | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | N/A – NEW MEMBER | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | | | N/A NEW MEMBER | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Member/Chairman | California State Board of Equalization |
| Owner | CPA and legal offices of Brad Sherman |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
97 MAY 15 PM 12 41

HAND DELIVERED

(Office Use Only)

(11)

John Mondy Shimkus
(Full Name)

504 Sumner Boulevard
(Mailing Address)

Daytime Telephone

Collinsville IL 62234 202/225-5271

| Filer Status | | | | | |
|---|---|---|---|---|---|
| | X | Member of the U.S. House of Representatives | State IL District 20 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15, 1997

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | County of Madison, Edwardsville, IL | Salary | $55,784 |
| | State of Illinois, Springfield, IL | Stipend | $5,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| | | | | $ |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None". | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| SP<br>DC *Examples*<br>JT | SP Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT | 116 Kenwood, Collinsville, IL | $15,001 - $50,000 | Rent | $5,001 - $15,000 | |
| JT | 440 Spring, Collinsville, IL | $15,001 - $50,000 | Rent | $2,501 - $5,000 | |
| | IRA Fidelity Destiny Plan | $15,001 - $50,000 | Dividends/Capital Gains | $2,501 - $5,000 | |
| JT | Franklin Income Fund | $1,001 - $15,000 | Dividends/Capital Gains | $2,501 - $5,000 | |
| DC | Putnam Health Sciences Trust | $1,001 - $15,000 | Dividends/Capital Gains | None - $200 | |
| JT | Lutheran Brotherhood | $1,001 - $15,000 | Dividends | None - $200 | |
| | Money Market Funds | | | | |
| | Putnam Investors Fund-CLSA | $15,001 - $50,000 | Dividends/Capital Gains | $1,001 - $2,500 | |
| | (Deferred Comp. Plan) | | | | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | 20th Century Growth Inv | $15,001 - $50,000 | Dividends/Capital Gians | $1,001 - $2,500 | |
| | (Deferred Comp Plan) | | | | |
| DC | Lutheran Church Extension | $1,001 - $15,000 | Interest | None - $200 | |
| | Fund | | | | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | | | | |

## SCHEDULE V -- LIABILITIES

**Report liabilities** of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see **Instructions, pages 21-22.**

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| JT | Collinsville Building & Loan | Mortgage on 116 Kenwood | $15,001 - $50,000 |
| | Assoc. Collinsville, IL | Collinsville, IL | |
| JT | Collinsville Building & Loan | Mortgage on 440 Spring | $10,001 - $15,000 |
| | Assoc. Collinsville, IL | Collinsville, IL | |

## SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

**Note:** The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see Instructions, pages 22-24

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | $ |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| | Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| | | | | | | | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| County Treasurer | County of Madison, Illinois |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 2:53

(7)

HAND DELIVERED

(Office Use Only)

BUD SHUSTER
(Full Name)

Box 234 C RD 3
Everett, Pa. 15537
(Mailing Address)

202-225-2431
(Telephone)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State District Pa 9 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [X] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bud Shuster

DATE (Month/Day/Year): 5/14/97

3192

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: BUD SHUSTER



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCERPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| jt | Shuster Farms, Everett, Pa. | | | | | | X | | | | | | farm income | | | | | | | | | | X | | | | | | ~~part gifted~~ to children |
| jt | Government Bonds & certificates | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| s | Hercules Tire & RubberCo. | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| jt | ~~Townhouse, Fairlington,~~ Arlington, Va. (Partial) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| jt | U.S. Pension Fund | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| jt | Telos Corp - 416 shares | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BUD SHUSTER

Page 3 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| jt | House, Taylor Highlands Huntingdon, Pa. | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | gift & 8 to children |
| jt | Congressional Credit Union | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| jt | Paine Webber (Money fund) | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: BUD SHUSTER

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| jt | Paine Webber Money Funds | X | | | 1-31-96 | | X | | | | | | | | |
| jt | ~~House, Taylor Highlands~~ Huntingdon, Pa. | ~~Gift & sale to~~ children | | | 7/1/96 | X | | | | | | | | | |

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| Name | BUD SHUSTER | Page 5 of 7 |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| jt | Midstate Bank, Altoona, Pa. | line of credit | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| Everett Kinstler, NY, NY | Drawing of Member (waiver received from Committee on Standards) | estimated in excess of $250. |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | RJR-Nabisco(thru OAAA); Daniel, Mann, Johnson & Mendenhall | Jan 1,2 | Wash DC -San Juan - Wash DC | Y | Y | Y | no |

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| Name | Page ? of ? |
|---|---|
| BUD SHUSTER | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Owner | Shuster Farms |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

(52)

97 MAY 14 PM 12:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

3199

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Norman Sisisky
(Full Name)

Post Office Box 1850
Petersburg, Virginia 23805-1850
(Mailing Address)

Daytime Telephone
(202) 225-6365

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Virginia District 4 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — Norman Sisisky

DATE (Month/Day/Year) — May 14, 1997

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

NAME Norman Sisisky



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | See attached continuation sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

3200

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Each asset listed on Schedule III continuation sheets is common stock unless otherwise indicated | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | Autodesk Inc | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| | Auto Data Processing Inc | | | | | | | | X | | | | X | | | | | | | | | | X | | | | | | P |
| | Autozone | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | P,S |
| | CUC International Inc | | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | S |
| | Coca Cola Co | | | | | | | | X | | | | X | | | X | | | | | | | X | | | X | | | P,S |
| | Dollar General Corp | | | | | | | X | | | | | X | | | | | | | | | X | | | | | | | P |
| | Duracell Intl Inc | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | S |
| | Electronic Data Systems Corp | X | | | | | | | | | | | X | | | X | | | | | X | | | X | | | | | S,E |
| | First Data Corp | | | | | | | X | | | | | X | | | | | | | | X | | | | | | | | P |
| | General Motors Corp Class E | X | | | | | | | | | | | X | | | X | | | | | | X<br>X | | | | | | | P,S,E |
| | Gillette Co | | | | | | | X | | | | | X | | | X | | | | | | | X | | | X | | | P,S |
| | Intel Corp | | | | | | | X | | | | | X | | | X | | | | | X | | | | | X | | | P,S |
| | Mattel Inc | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | P |
| | McDonalds Corp | | | | | | | X | | | | | X | | | X | | | | | | | X | | | X | | | P,S |
| | Microsoft Corp | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | P,S |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pfizer Inc. | | | | | | | X | | | | | X | | | X | | | | | | | X | | X | | | | P,S |
| | Procter & Gamble Co | X | | | | | | | | | | | X | | | X | | | | | | | X | | X | | | | P,S |
| | Stryker Corp | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P,S |
| | Walgreen Co | | | | | | | X | | | | | X | | | X | | | | | | | X | X | | | | | P,S |
| | Wal-Mart Stores | X | | | | | | | | | | | X | | | X | | | X | | X | | | | | | | | P,S |
| | Walt Disney Co (Holding Co) | | | | | | | X | | | | | X | | | | | | | | X | | | | | | | | P |
| | Rentokil Initial PLC Sponsored ADR | | | | | | | X | | | | | X | | | | | | | | | | X | | | | | | P |
| | Muni Fund - Temp Inv (Signet) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | |
| | AT&T Corp | | X | | | | | | | | | | X | | | X | | | | | X | | | X | | | | | S |
| | Abbott Labs | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | American International Group | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Cap Cities/ABC Inc | X | | | | | | | | | | | | | | X | | | | | | | | | | X | | | S |
| | Central Fidelity Bks Inc | | | | X | | | | | | | | X | | | X | | | | | X | X | | | | | | | P,S |
| | Circuit City Stores Inc | X | | | | | | | | | | | X | | | X | | | X | | | | | X | | | | | S |
| | Columbia HCA/Healthcare Corp | X | | | | | | | | | | | X | | | X | | | X | | | | X | | | | | | S |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | Federal National MTGE Assoc | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | S |
| | General Electric Corp | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | Linkon Corp Units (Common Shrs + Warrants Exp 8/11/00) | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Lucent Technologies | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | S,E |
| | Merck & Co Inc | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Mobil Corp | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Motorola Inc | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | S |
| | Norfolk Southern Corp | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | S |
| | Schlumberger LTD | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | S |
| | United Dominion Realty TR Inc | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| | University VA Hosp Revs 9.5% 12/1/97-96 | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | Virginia Beach VA 6.9% 10/1/2001-99 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Richmond VA Ser A 7.1% 1/15/2002-98 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Chesapeake VA CTFS Partn MBIA 5.15% 7/1/2002 | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Riverside VA Regional Jail 5.3% 7/1/2002 | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: T, P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fairfax County VA Imp Rev 5.6% 5/1/2003-99 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Virginia ST 5.9% 6/1/2005 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Winchester VA 6.85% 10/15/2006-97 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Eastern VA Med Auth Gen Rev 8.125% 5/15/2007-97 | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Puerto Rico Commonwealth Hwy & Transn Auth Rev - 6.375% 7/1/2007-02 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Alexandria VA Redev & Hsg Auth 7.75% 10/1/2007-96 | X | | | | | | | | | | | | | X | X | | | | | | X | X | | | | | | S |
| | Chesapeake VA Hosp Auth 7.5% 7/1/2008-98 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Virginia ST Transn Brd Transn Contract Rev - 6.25% 5/15/2012-04 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Roanoke VA RFDG & Pub 6.4% 8/1/2012 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Richmond VA INDL DEV AUTH HOSP FACS - 6.25% 1/15/2018-01 | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Fredericksburg VA INDL DEV AUTH HOSP FACS - 5% 6/15/2007 | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | P |
| | Norfolk VA WTR REV 5.6% 11/1/2011-05 | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | P |
| | VA ST HSG DEV AUTH MULTI FAM SER H - 6.3% 11/1/2015-05 | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ascend Communications, Inc. | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | P,S |
| | Anheuser-Busch Companies Inc | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | P,E |
| | Benton Oil & Gas Co | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Cabletron Sys Inc | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Cadmus Communications Corp | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Chrysler Corp | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Copart Inc | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Ensco International Inc | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Energy Ventures Inc | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HBO & Co | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | P,S |
| | Helig Myers Co. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Home Depot Inc | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Imatron, Inc | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Lidak Pharmaceuticals CL A | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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3205

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Linkon Corp | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| | Mylan Laboratories Inc | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Nimbus CD Intl Inc | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Office Depot | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | P,S |
| | RJR Nabisco | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | S&K Famous Brands Inc | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stein Mart, Inc. | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | P,S |
| | Tidewater Inc | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | E |
| | United Dominion Rlty Trust Inc | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Varco International Inc | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strips-Tint US Treasury 2/15/2013 | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | P,S |
| | Smith Barney Money Funds Inc A | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| | US Treasury Note 7.25% due 11/30/96 | X | | | | | | | | | | | | | X | X | | | X | | | X | | | | | | | S |
| | Federal Home Loan MTG Corp Debs 7.25% due 11/1/2006 | | | | X | | | | | | | | | | | | | | | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Archer-Daniels-Midland Co. | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Ladd Furniture Inc. | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Halliburton Co. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | E |
| | Highland Ins Group | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | E |
| | PepsiCo Inc. | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | |
| | Signet Banking Corp. | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | MFS World Governments Fund - A | X | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| | Doughtie's Foods, Inc. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Earthgrains Co. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | E |
| | Signet Bank - Cash Accounts | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Metropolitan Life - Dividend Account | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Congressional Federal Credit Union - Cash Accounts | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | State Bank of the Alleghenies (Covington, VA) (2) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Brenco Inc. | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| | RP Industries Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The Berkeley Venture (4)<br>Assets of the Berkeley Venture:<br>Cash - Bank of Southside Virginia<br>Accounts Receivable<br>10.628 acres of unimproved real estate, City of Petersburg, VA | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | LDC Distributing Inc. (1) (5)<br>Assets of LDC Distributing Inc.:<br>Cash - Signet Bank<br>Prepayments | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Lee Distributing Co. Inc. Employees' Pension Plan [7(a)] | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| | Virginia Retirement System [7(b)] | | X | | | | | | | | | | | | Pension | | | | | | X | | | | | | | | |
| | Improved Commercial Real Estate, Blackstone, VA (3) | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Patterson Land Corporation (8) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MFS Money Market Fund | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Capital One Financial Corp. | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Whitehill LC 7.75% Deed of Trust Note, payable in level monthly payments until 7/31/05 when the balance matures (9) | | | | | | | | X | | | | | | X | | X | | | | | X | | | X | | | | E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | New Dominion LC (6) | | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | Assets of New Dominion LC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Accustaff Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Albemarle Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ALCAN Aluminum LTD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Alliance Capital Mortgage Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Alltel Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Anheuser Busch Cos Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Auto Data Processing Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Autozone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Benton Oil & Gas Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Builders Trans Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cadmus Communications Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Callaway Golf Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Calmat Company Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Assets New Dominion LC, continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Chesapeake Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coca Cola Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Countrywide Cr Ind | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CUC International Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deere & Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dollar General Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dominion Resources Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Equitable Companies | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ericsson LM Tel Co ADR CL B SEK 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Exel Limited Ordinary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Exxon Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Federated Government Money Market Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Data Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Federal Savings Bank of Virginia | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Assets New Dominion LC, continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First TR SPL TR SR 157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First Union Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FPA Medical Mgmt Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Gillette Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GTE Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Imatron Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Intel Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Investors Title Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Iomega Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Linkon Corp - Units Representing Common Shrs and Warrants Expiring 8/11/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Loews Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Loral Space & Comm LTD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Martin Marietta Materials Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Assets New Dominion LC, continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mattel Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | McDonalds Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Merrill Lynch & Co Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MGI Properties | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Microsoft Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mid Ocean Limited Ordinary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mobil Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | New England Growth Fund of Israel CL A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nimbus CD International Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pfizer Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Philip Morris Companies Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Promus Hotel Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rentokil Group PLC Sponsored ADR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reynolds Metals Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Assets New Dominion LC, continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Richfood Holdings Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RLI Corporation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Salomon Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signet Banking Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sothebys Hldgs Inc CL A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stein Mart Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Synalloy Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | The Virtus Money Market Fund II | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tiffany & Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | United Dominion Realty TR Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | USX Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Walgreen Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Walshire Assurn Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Walt Disney Co (Holding Co) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NAME Norman Sisisky



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | DUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | Assets New Dominion LC, continued | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wilmington Trust Corporation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cash - Signet Trust Company | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cash - Scott & Stringfellow, Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cash - Signet Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cash - Bank of the Commonwealth CDs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Accounts Receivable - Members | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | U.S. Treasury 7.75% Bond Due 11/30/99 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Benham Certified Metals - Gold | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Polar Fund, LTD. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Las Gaviotas Shopping Center, Va. Beach, Va., Tenancy-in-Common Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Gulfstream Partners, L.P. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Taylor Capital Management, a ltd. partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cash Value of Life Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Computer | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | See attached continuation sheets | | | | | | | | | | | | | | |
| | Transactions listed in Schedule IV continuation sheets are in common stock unless otherwise indicated. | | | | | | | | | | | | | | |

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3215

## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Auto Data Processing Inc | X | | | 5/20/96 | | | X | | | | | | | |
| | Auto Data Processing Inc | X | | | 6/20/96 | | X | | | | | | | | |
| | Auto Data Processing Inc | X | | | 12/02/96 | | | X | | | | | | | |
| | Auto Data Processing Inc | X | | | 12/03/96 | | X | | | | | | | | |
| | Autozone | X | | | 11/13/96 | | X | | | | | | | | |
| | Autozone | X | | | 11/14/96 | | | X | | | | | | | |
| | Autozone | X | | | 11/19/96 | | | | | X | | | | | |
| | Autozone | X | | | 12/18/96 | X | | | | | | | | | |
| | Autozone | X | | | 12/19/96 | X | | | | | | | | | |
| | Autozone | X | | | 12/20/96 | X | | | | | | | | | |
| | Autozone | X | | | 12/23/96 | | X | | | | | | | | |
| | Coca Cola Co | X | | | 12/19/96 | | X | | | | | | | | |
| | Dollar General Corp | X | | | 1/18/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 11/08/96 | | | X | | | | | | | |
| | Dollar General Corp | X | | | 11/13/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 11/29/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 12/02/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Dollar General Corp | X | | | 12/03/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 12/04/96 | X | | | | | | | | | |
| | First Data Corp | X | | | 6/27/96 | | X | | | | | | | | |
| | First Data Corp | X | | | 7/30/96 | | | X | | | | | | | |
| | General Motors Corp Class E | X | | | 1/17/96 | | | X | | | | | | | |
| | Gillette Co | X | | | 9/17/96 | | | | X | | | | | | |
| | Gillette Co | X | | | 12/12/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 1/18/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 1/19/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 2/23/96 | | | | X | | | | | | |
| | Intel Corp | X | | | 2/27/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 2/28/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 3/01/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 7/16/96 | | X | | | | | | | | |
| | Mattel Inc | X | | | 10/28/96 | | X | | | | | | | | |
| | Mattel Inc | X | | | 10/30/96 | | | | X | | | | | | |
| | Mattel Inc | X | | | 11/06/96 | | | | X | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Mattel Inc | X | | | 12/02/96 | | X | | | | | | | | |
| | Mattel Inc | X | | | 12/18/96 | | X | | | | | | | | |
| | McDonalds Corp | X | | | 7/23/96 | | X | | | | | | | | |
| | McDonalds Corp | X | | | 7/24/96 | | X | | | | | | | | |
| | McDonalds Corp | X | | | 7/31/96 | | | X | | | | | | | |
| | McDonalds Corp | X | | | 8/06/96 | | X | | | | | | | | |
| | McDonalds Corp | X | | | 8/07/96 | | X | | | | | | | | |
| | Microsoft Corp | X | | | 1/16/96 | | X | | | | | | | | |
| | Microsoft Corp | X | | | 1/18/96 | | | X | | | | | | | |
| | Microsoft Corp | X | | | 7/30/96 | | | X | | | | | | | |
| | Microsoft Corp | X | | | 9/25/96 | | | | X | | | | | | |
| | Pfizer Inc | X | | | 1/23/96 | | | X | | | | | | | |
| | Pfizer Inc | X | | | 1/24/96 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 1/30/96 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 1/31/96 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 2/27/96 | | | X | | | | | | | |
| | Pfizer Inc | X | | | 2/28/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 2/29/96 | | | X | | | | | | | |
| | Pfizer Inc | X | | | 3/07/96 | | | X | | | | | | | |
| | Pfizer Inc | X | | | 9/16/96 | | | | X | | | | | | |
| | Pfizer Inc | X | | | 9/17/96 | | | | X | | | | | | |
| | Pfizer Inc | X | | | 12/09/96 | | X | | | | | | | | |
| | Procter & Gamble Co | X | | | 1/18/96 | | | X | | | | | | | |
| | Procter & Gamble Co | X | | | 1/22/96 | | | X | | | | | | | |
| | Procter & Gamble Co | X | | | 3/7/96 | X | | | | | | | | | |
| | Rentokil Initial PLC Sponsored ADR | X | | | 1/18/96 | | X | | | | | | | | |
| | Rentokil Initial PLC Sponsored ADR | X | | | 2/21/96 | X | | | | | | | | | |
| | Rentokil Initial PLC Sponsored ADR | X | | | 2/22/96 | | | X | | | | | | | |
| | Stryker Corp | X | | | 10/16/96 | | X | | | | | | | | |
| | Stryker Corp | X | | | 10/21/96 | | | X | | | | | | | |
| | Wal-Mart Stores | X | | | 11/26/96 | | | X | | | | | | | |
| | Wal-Mart Stores | X | | | 11/27/96 | | | X | | | | | | | |
| | Wal-Mart Stores | X | | | 11/29/96 | | X | | | | | | | | |
| | Walgreen Co | X | | | 1/17/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Walgreen Co | X | | | 1/18/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 6/20/96 | | X | | | | | | | | |
| | Walgreen Co | X | | | 7/17/96 | | X | | | | | | | | |
| | Walgreen Co | X | | | 7/18/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/01/96 | | | X | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/03/96 | | | | X | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/08/96 | | | | X | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/09/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/10/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/18/96 | | | X | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/30/96 | | X | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Autodesk Inc | | X | | 01/30/96 | | X | | | | | | | | |
| | Autodesk Inc | | X | | 02/02/96 | | X | | | | | | | | |
| | Autodesk Inc | | X | | 02/26/96 | | X | | | | | | | | |
| | Autodesk Inc | | X | | 02/27/96 | | | | X | | | | | | |
| | Autodesk Inc | | X | | 02/28/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Autodesk Inc | | X | | 02/29/96 | | X | | | | | | | | |
| | Autozone | | X | | 07/08/96 | | | | X | | | | | | |
| | Autozone | | X | | 07/09/96 | | X | | | | | | | | |
| | Autozone | | X | | 07/10/96 | | X | | | | | | | | |
| | Autozone | | X | | 07/12/96 | | | | X | | | | | | |
| | Autozone | | X | | 07/24/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 02/23/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 03/07/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 03/11/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 05/10/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 11/13/96 | | X | | | | | | | | |
| | CUC International Inc | | X | | 11/14/96 | | X | | | | | | | | |
| | Coca Cola Co | | X | | 01/30/96 | | | X | | | | | | | |
| | Coca Cola Co | | X | | 07/01/96 | | | X | | | | | | | |
| | Coca Cola Co | | X | | 07/02/96 | | | X | | | | | | | |
| | Coca Cola Co | | X | | 09/25/96 | | | X | | | | | | | |
| | Duracell Intl Inc | | X | | 01/16/96 | X | | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Duracell Intl Inc | | X | | 01/17/96 | | | X | | | | | | | |
| | Duracell Intl Inc | | X | | 01/18/96 | | | X | | | | | | | |
| | Electronic Data Systems Corp | | X | | 07/01/96 | | X | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 07/02/96 | | X | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 07/03/96 | | X | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 08/28/96 | | X | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 10/28/96 | | | X | | | | | | | |
| | Electronic Data Systems Corp | | X | | 11/19/96 | | | | | X | | | | | |
| | General Motors Corp CL E | | X | | 05/30/96 | | X | | | | | | | | |
| | General Motors Corp CL E | | X | | 06/04/96 | | X | | | | | | | | |
| | General Motors Corp CL E exchanged for Electronic Data Systems Corp | | | X | 06/13/96 | | | | | X | | | | | |
| | Gillette Co | | X | | 01/18/96 | | X | | | | | | | | |
| | Gillette Co | | X | | 03/07/96 | | X | | | | | | | | |
| | Gillette Co | | X | | 07/30/96 | | | X | | | | | | | |
| | Gillette Co | | X | | 07/31/96 | | X | | | | | | | | |
| | Gillette Co | | X | | 08/02/96 | | X | | | | | | | | |
| | Gillette Co | | X | | 08/05/96 | | | | X | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Gillette Co | | X | | 10/29/96 | | | X | | | | | | | |
| | Intel Corp | | X | | 01/22/96 | | | X | | | | | | | |
| | Intel Corp | | X | | 01/23/96 | | | X | | | | | | | |
| | Intel Corp | | X | | 07/23/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 09/25/96 | | | | X | | | | | | |
| | Intel Corp | | X | | 10/16/96 | | | | X | | | | | | |
| | Intel Corp | | X | | 10/17/96 | | | X | | | | | | | |
| | McDonalds Corp | | X | | 01/18/96 | | X | | | | | | | | |
| | McDonalds Corp | | X | | 01/23/96 | | X | | | | | | | | |
| | McDonalds Corp | | X | | 02/16/96 | | | | X | | | | | | |
| | McDonalds Corp | | X | | 05/20/96 | | | X | | | | | | | |
| | McDonalds Corp | | X | | 05/21/96 | | | X | | | | | | | |
| | Microsoft Corp | | X | | 01/22/96 | | | X | | | | | | | |
| | Microsoft Corp | | X | | 07/16/96 | | | X | | | | | | | |
| | Microsoft Corp | | X | | 11/01/96 | | | X | | | | | | | |
| | Microsoft Corp | | X | | 11/19/96 | | | | X | | | | | | |
| | Pfizer Inc | | X | | 07/30/96 | | | X | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Pfizer Inc | | X | | 11/19/96 | | | | X | | | | | | |
| | Pfizer Inc | | X | | 11/20/96 | | | X | | | | | | | |
| | Procter & Gamble Co | | X | | 08/28/96 | | X | | | | | | | | |
| | Procter & Gamble Co | | X | | 09/13/96 | | | | X | | | | | | |
| | Procter & Gamble Co | | X | | 09/17/96 | | | | | X | | | | | |
| | Stryker Corp | | X | | 11/01/96 | | | | X | | | | | | |
| | Wal-Mart Stores | | X | | 12/18/96 | | X | | | | | | | | |
| | Wal-Mart Stores | | X | | 12/19/96 | | X | | | | | | | | |
| | Wal-Mart Stores | | X | | 12/20/96 | | | X | | | | | | | |
| | Walgreen Co | | X | | 11/12/96 | | X | | | | | | | | |
| | Walgreen Co | | X | | 11/13/96 | X | | | | | | | | | |
| | Walgreen Co | | X | | 11/19/96 | | | X | | | | | | | |
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Fredericksburg VA INDL DEV AUTH HOSP FACS 5% 6/15/2007 | X | | | 12/12/96 | | | X | | | | | | | |
| | Norfolk VA WTR REV 5.6% 11/1/2011-05 | X | | | 10/31/96 | | | | X | | | | | | |
| | Purchased interest thereon | X | | | 10/31/96 | X | | | | | | | | | |
| | Purchased interest thereon | | X | | 11/01/96 | X | | | | | | | | | |
| | VA ST HSG DEV AUTH MULTI FAM SER 6.3% 11/1/2015 | X | | | 11/08/96 | | | | X | | | | | | |
| | Chesapeake VA CTFS PARTN MBIA 5.15% 07/01/2002 | | X | | 11/08/96 | | | | X | | | | | | |
| | Riverside VA REGIONAL JAIL 5.3% 07/01/2002 | | X | | 11/01/96 | | | | X | | | | | | |
| | AT&T CORP | | X | | 6/10/96 | | X | | | | | | | | |
| | AT&T CORP | | X | | 9/11/96 | | X | | | | | | | | |
| | AT&T CORP | | X | | 10/07/96 | | X | | | | | | | | |
| | CAP CITIES/ABC INC | | X | | 1/26/96 | X | | | | | | | | | |
| | CAP CITIES/ABC INC | | X | | 1/29/96 | X | | | | | | | | | |
| | CAP CITIES/ABC INC | | X | | 2/06/96 | | X | | | | | | | | |
| | CAP CITIES/ABC INC | | X | | 3/15/96 | | | | X | | | | | | |
| | CENTRAL FIDELITY BKS INC | | X | | 3/04/96 | X | | | | | | | | | |
| | CIRCUIT CITY STORES INC | | X | | 6/21/96 | | X | | | | | | | | |
| | COCA COLA CO | | X | | 1/29/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | COLUMBIA HCA/HEALTHCARE | | X | | 6/19/96 | | X | | | | | | | | |
| | FEDERAL NATIONAL MTGE ASSOC | | X | | 1/29/96 | X | | | | | | | | | |
| | LUCENT TECHNOLOGIES | | X | | 10/07/96 | X | | | | | | | | | |
| | LUCENT TECHNOLOGIES received from AT&T Corp | | | X | 9/30/96 | X | | | | | | | | | |
| | MCDONALDS CORP | | X | | 6/21/96 | | X | | | | | | | | |
| | MOTOROLA | | X | | 6/10/96 | | X | | | | | | | | |
| | MOTOROLA | | X | | 6/21/96 | | X | | | | | | | | |
| | NORFOLK SOUTHERN CORP | | X | | 6/21/96 | | | X | | | | | | | |
| | PROCTOR & GAMBLE CO | | X | | 3/04/96 | | X | | | | | | | | |
| | SCHLUMBERGER LTD | | X | | 6/21/96 | | X | | | | | | | | |
| | WAL-MART STORES | | X | | 1/17/96 | | X | | | | | | | | |
| | UNIVERSITY VA HOSP REVS 9.5% 12-1-97/96 | | X | | 12/2/96 | | X | | | | | | | | |
| | ALEXANDRIA VA REDEV & HSG AUTH 7.75% 10-1-2007/96 | | X | | 10/1/96 | | | | X | | | | | | |
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## SCHEDULE IV - TRANSACTIONS

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Ascend Communications, Inc | X | | | 6/25/96 | | | X | | | | | | | |
| | Ascend Communications, Inc | X | | | 11/19/96 | | | X | | | | | | | |
| | Ascend Communications, Inc | | X | | 7/8/96 | | | X | | | | | | | |
| | Ascend Communications, Inc | | X | | 11/21/96 | | | X | | | | | | | |
| | Anheuser-Busch Companies Inc | X | | | 7/31/96 | | X | | | | | | | | |
| | Automatic Data Processing Inc | X | | | 6/20/96 | | X | | | | | | | | |
| | Benton Oil & Gas Co | X | | | 9/4/96 | | X | | | | | | | | |
| | Cabletron Sys Inc | X | | | 3/26/96 | | X | | | | | | | | |
| | Cadmus Communications Corp | X | | | 3/26/96 | | X | | | | | | | | |
| | Cadmus Communications Corp | X | | | 5/21/96 | | X | | | | | | | | |
| | Cadmus Communications Corp | X | | | 9/4/96 | | X | | | | | | | | |
| | Chrysler Corp | X | | | 3/26/96 | | X | | | | | | | | |
| | Copart Inc | X | | | 3/26/96 | X | | | | | | | | | |
| | Copart Inc | X | | | 6/11/96 | X | | | | | | | | | |
| | HBO & Co | X | | | 11/15/96 | | X | | | | | | | | |
| | HBO & Co | | X | | 11/29/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



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| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Heilig Meyers Co | X | | | 11/4/96 | | X | | | | | | | | |
| | Imatron Inc | X | | | 6/27/96 | X | | | | | | | | | |
| | Lidak Pharmaceuticals CL A | | X | | 3/11/96 | | | X | | | | | | | |
| | Lidak Pharmaceuticals CL A | | X | | 3/7/96 | | | X | | | | | | | |
| | Lidak Pharmaceuticals CL A | | X | | 3/8/96 | | | | X | | | | | | |
| | Linkon Corp | | X | | 5/22/96 | X | | | | | | | | | |
| | Merck & Co Inc | X | | | 8/2/96 | | | X | | | | | | | |
| | Mylan Laboratories Inc | X | | | 9/4/96 | | X | | | | | | | | |
| | Nimbus CD Intl Inc | X | | | 9/4/96 | X | | | | | | | | | |
| | Office Depot | X | | | 3/26/96 | | X | | | | | | | | |
| | Office Depot | X | | | 7/16/96 | X | | | | | | | | | |
| | Office Depot | | X | | 9/12/96 | | X | | | | | | | | |
| | Stein Mart, Inc | X | | | 1/22/96 | | X | | | | | | | | |
| | Stein Mart, Inc | X | | | 7/26/96 | | X | | | | | | | | |
| | Stein Mart, Inc | | X | | 3/5/96 | | X | | | | | | | | |
| | Stein Mart, Inc | | X | | 7/29/96 | | X | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Strips-Tint US Treasury 2/15/2013 | X | | | 4/12/96 | | X | | | | | | | | |
| | | | X | | 11/29/96 | | X | | | | | | | | |
| | US Treasury Note 7.25% due 11/30/96 | | X | | 10/25/96 | | | X | | | | | | | |
| | Hornbeck Offshore Services Inc Merged into Tidewater Inc | | | X | 3/13/96 | X | | | | | | | | | |
| | Federal Home Loan Mtg. Corp. Debs 7.25% due 11/1/2000 | X | | | 10/25/96 | | | X | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Whitehill LC 7.75% Deed of Trust Note, Principal collections (9) | | | X | Various | | | X | | | | | | | |
| | MFS World Governments Fund - A | | X | | 11/7/96 | | | X | | | | | | | |
| | Earthgrains Co, Spinoff from Anheuser Busch Cos Inc | | | X | 3/26/96 | X | | | | | | | | | |
| | Brenco, Inc. | | X | | 10/2/96 | | | X | | | | | | | |
| | Highland Ins Group (nominal value), Spinoff from Halliburton Co | | | X | 1/23/96 | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC: (6) | | | | | | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 5/20/96 | X | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 6/20/96 | X | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 11/29/96 | X | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 12/02/96 | X | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 12/03/96 | X | | | | | | | | | |
| | AutoZone | X | | | 11/13/96 | X | | | | | | | | | |
| | AutoZone | X | | | 11/14/96 | | X | | | | | | | | |
| | AutoZone | X | | | 11/19/96 | | X | | | | | | | | |
| | AutoZone | X | | | 12/20/96 | X | | | | | | | | | |
| | Calmat Company | X | | | 5/3/96 | X | | | | | | | | | |
| | Coca Cola Co | X | | | 12/19/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 1/18/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 11/8/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 11/29/96 | X | | | | | | | | | |
| | Dollar General Corp | X | | | 12/4/96 | X | | | | | | | | | |
| | First Data Corp | X | | | 6/27/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | First Data Corp | X | | | 7/30/96 | X | | | | | | | | | |
| | General Motors Corp Class E | X | | | 1/17/96 | X | | | | | | | | | |
| | Gillette Co | X | | | 9/17/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 1/18/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 1/19/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 2/23/96 | | X | | | | | | | | |
| | Intel Corp | X | | | 2/27/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 2/28/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 3/1/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 3/25/96 | X | | | | | | | | | |
| | Intel Corp | X | | | 7/16/96 | X | | | | | | | | | |
| | Mattel Inc | X | | | 10/28/96 | X | | | | | | | | | |
| | Mattel Inc | X | | | 10/30/96 | | X | | | | | | | | |
| | Mattel Inc | X | | | 11/6/96 | | X | | | | | | | | |
| | Mattel Inc. | X | | | 12/2/96 | | X | | | | | | | | |
| | Mattel Inc. | X | | | 12/18/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Martin Marietta Materials | X | | | 8/21/96 | X | | | | | | | | | |
| | McDonalds Corp | X | | | 7/23/96 | X | | | | | | | | | |
| | McDonalds Corp | X | | | 7/24/96 | X | | | | | | | | | |
| | McDonalds Corp | X | | | 7/30/96 | | X | | | | | | | | |
| | Microsoft Corp | X | | | 1/18/96 | X | | | | | | | | | |
| | Microsoft Corp | X | | | 7/30/96 | X | | | | | | | | | |
| | Microsoft Corp | X | | | 9/25/96 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 1/23/96 | | X | | | | | | | | |
| | Pfizer Inc | X | | | 1/24/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 1/30/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 1/31/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 2/27/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 2/28/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 2/29/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 3/7/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 9/16/96 | | X | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Pfizer Inc | X | | | 9/17/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 12/9/96 | X | | | | | | | | | |
| | Procter & Gamble Co | x | | | 1/18/96 | X | | | | | | | | | |
| | Procter & Gamble Co | x | | | 1/22/96 | X | | | | | | | | | |
| | Procter & Gamble Co | x | | | 3/7/96 | X | | | | | | | | | |
| | Rentokil Group PLC Sponsored ADR | X | | | 1/18/96 | X | | | | | | | | | |
| | Rentokil Group PLC Sponsored ADR | X | | | 2/22/96 | X | | | | | | | | | |
| | Rentokil Group PLC Sponsored ADR | X | | | 3/5/96 | X | | | | | | | | | |
| | Stryker Corp | X | | | 10/16/96 | X | | | | | | | | | |
| | Stryker Corp | X | | | 10/21/96 | | X | | | | | | | | |
| | Synalloy Corp | X | | | 7/16/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 1/17/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 2/7/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 6/20/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 7/17/96 | X | | | | | | | | | |
| | Walgreen Co | X | | | 7/18/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Wal-Mart Stores | X | | | 11/26/96 | X | | | | | | | | | |
| | Wal-Mart Stores | X | | | 11/27/96 | X | | | | | | | | | |
| | Wal-Mart Stores | X | | | 11/29/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/1/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/3/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/8/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/9/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/10/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/18/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/30/96 | X | | | | | | | | | |
| | Accustaff Inc | X | | | 12/6/96 | X | | | | | | | | | |
| | Adobe Sys Inc | X | | | 9/25/96 | X | | | | | | | | | |
| | Albemarle Corp | X | | | 4/8/96 | X | | | | | | | | | |
| | Alltel Corp | X | | | 9/19/96 | X | | | | | | | | | |
| | Anheuser Busch Cos Inc | X | | | 3/19/96 | X | | | | | | | | | |
| | Anheuser Busch Cos Inc | X | | | 8/5/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Applied Materials Inc (DEL) | X | | | 9/25/96 | X | | | | | | | | | |
| | Ascend Comm | X | | | 6/12/96 | X | | | | | | | | | |
| | Ascend Comm | X | | | 6/28/96 | | X | | | | | | | | |
| | Ascend Comm | X | | | 7/19/96 | X | | | | | | | | | |
| | Ascend Comm | X | | | 9/20/96 | | X | | | | | | | | |
| | Ascend Comm | X | | | 11/22/96 | | X | | | | | | | | |
| | AT&T Corp | X | | | 7/23/96 | | X | | | | | | | | |
| | Atmel Corp | X | | | 5/31/96 | X | | | | | | | | | |
| | Atmel Corp | X | | | 12/9/96 | X | | | | | | | | | |
| | Auto Data Processing Inc | X | | | 6/25/96 | X | | | | | | | | | |
| | Autodesk Inc | X | | | 1/12/96 | X | | | | | | | | | |
| | Autozone | X | | | 11/22/96 | | X | | | | | | | | |
| | Barrick Gold Corp | X | | | 10/03/96 | X | | | | | | | | | |
| | Benton Oil & Gas Co | X | | | 12/16/96 | X | | | | | | | | | |
| | Biomet Inc | X | | | 3/22/96 | X | | | | | | | | | |
| | Builders Trans Inc | X | | | 8/22/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Builders Trans Inc | X | | | 8/23/96 | X | | | | | | | | | |
| | Cabletron Systems | X | | | 2/16/96 | X | | | | | | | | | |
| | Cabletron Systems | X | | | 4/11/96 | X | | | | | | | | | |
| | Cadmus Communications Corp | X | | | 4/3/96 | X | | | | | | | | | |
| | Callaway Golf Co | X | | | 5/7/96 | X | | | | | | | | | |
| | Callaway Golf Co | X | | | 12/13/96 | X | | | | | | | | | |
| | Cerner Corp | X | | | 12/16/96 | X | | | | | | | | | |
| | Chrysler Corp | X | | | 2/27/96 | X | | | | | | | | | |
| | Ciprico Inc | X | | | 7/5/96 | X | | | | | | | | | |
| | Ciprico Inc | X | | | 12/5/96 | X | | | | | | | | | |
| | Compaq Computer Corp | X | | | 6/26/96 | X | | | | | | | | | |
| | Comshare Inc | X | | | 2/28/96 | X | | | | | | | | | |
| | Cooper Tire & Rubber Co | X | | | 3/22/96 | X | | | | | | | | | |
| | Countrywide Cr Ind | X | | | 5/28/96 | X | | | | | | | | | |
| | Deere & Co | X | | | 7/5/96 | X | | | | | | | | | |
| | Eastman Chemical Co | X | | | 5/3/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Ericsson LM Tel Co ADR CL B SEK | X | | | 4/9/96 | X | | | | | | | | | |
| | Exxon Corp | X | | | 5/13/96 | X | | | | | | | | | |
| | FILA Hldg S P A ADR | X | | | 12/4/96 | X | | | | | | | | | |
| | First TR SPL TR SR 157 | X | | | 12/19/96 | | X | | | | | | | | |
| | First Union Corp | X | | | 4/18/96 | X | | | | | | | | | |
| | FPA Medical Mgmt Inc | X | | | 11/14/96 | X | | | | | | | | | |
| | Halliburton Co | X | | | 5/7/96 | X | | | | | | | | | |
| | Heilig Meyers Co | X | | | 11/7/96 | X | | | | | | | | | |
| | Hewlett Packard Co | X | | | 1/19/96 | X | | | | | | | | | |
| | Imatron Inc | X | | | 6/28/96 | X | | | | | | | | | |
| | IMP Inc | X | | | 7/3/96 | X | | | | | | | | | |
| | Iomega Corp | X | | | 6/26/96 | X | | | | | | | | | |
| | Iomega Corp | X | | | 12/16/96 | X | | | | | | | | | |
| | Lidak Pharmaceuticals CL A | X | | | 2/12/96 | X | | | | | | | | | |
| | Loral Space & Comm LTD | X | | | 10/8/96 | X | | | | | | | | | |
| | Merck & Co Inc | X | | | 8/7/96 | | X | | | | | | | | |

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## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Merrill Lynch & Co Inc | X | | | 6/27/96 | X | | | | | | | | | |
| | MFS Ser Tr IV Money Market Fund A | X | | | 11/22/96 | | | X | | | | | | | |
| | Mobil Corp | X | | | 10/9/96 | | X | | | | | | | | |
| | Motorola Inc | X | | | 10/31/96 | X | | | | | | | | | |
| | Mylan Labs | X | | | 8/7/96 | X | | | | | | | | | |
| | New England Growth Fund of Israel CL A | X | | | 3/21/96 | X | | | | | | | | | |
| | Nike Inc CL B | X | | | 7/19/96 | | X | | | | | | | | |
| | Nimbus CD International Inc | X | | | 6/11/96 | X | | | | | | | | | |
| | Nimbus CD International Inc | X | | | 6/14/96 | X | | | | | | | | | |
| | Office Depot Inc | X | | | 7/19/96 | X | | | | | | | | | |
| | Paine Webber Group Inc | X | | | 4/8/96 | X | | | | | | | | | |
| | Pfizer Inc | X | | | 1/25/96 | X | | | | | | | | | |
| | Philip Morris Companies Inc | X | | | 8/5/96 | | X | | | | | | | | |
| | Promus Hotel Corp | X | | | 8/7/96 | X | | | | | | | | | |
| | Promus Hotel Corp | X | | | 12/24/96 | X | | | | | | | | | |
| | Pure Atria Corp | X | | | 11/14/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Reading & Bates Corp | X | | | 9/17/96 | X | | | | | | | | | |
| | Redhook Ale Brewery Inc | X | | | 3/22/96 | X | | | | | | | | | |
| | Reynolds Metals Co | X | | | 1/31/96 | X | | | | | | | | | |
| | Signet Banking Corp | X | | | 7/8/96 | X | | | | | | | | | |
| | Signet Banking Corp | X | | | 10/1/96 | | X | | | | | | | | |
| | Stein Mart Inc | X | | | 1/24/96 | X | | | | | | | | | |
| | Stein Mart Inc | X | | | 7/19/96 | X | | | | | | | | | |
| | Stein Mart Inc | X | | | 12/2/96 | X | | | | | | | | | |
| | Synalloy Corp | X | | | 1/17/96 | X | | | | | | | | | |
| | Texas Instruments Inc | X | | | 9/19/96 | X | | | | | | | | | |
| | Tiffany & Co New | X | | | 12/5/96 | X | | | | | | | | | |
| | U.S. Treasury Sec Stripped Int Pmt Due 02/15/2013 | X | | | 4/15/96 | X | | | | | | | | | |
| | Walt Disney Co (Holding Co) | X | | | 7/16/96 | | X | | | | | | | | |
| | | | | | | | | | | | | | | | |
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Alumax Inc | | X | | 2/23/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 1/30/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 2/2/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 2/26/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 2/27/96 | | X | | | | | | | | |
| | Autodesk Inc | | X | | 2/28/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 2/29/96 | X | | | | | | | | | |
| | Autozone | | X | | 7/8/96 | | X | | | | | | | | |
| | Autozone | | X | | 7/9/96 | X | | | | | | | | | |
| | Autozone | | X | | 7/10/96 | X | | | | | | | | | |
| | Autozone | | X | | 7/12/96 | | X | | | | | | | | |
| | Autozone | | X | | 7/24/96 | X | | | | | | | | | |
| | Coca Cola Co | | X | | 1/30/96 | X | | | | | | | | | |
| | Coca Cola Co | | X | | 7/1/96 | | X | | | | | | | | |
| | Coca Cola Co | | X | | 7/2/96 | X | | | | | | | | | |
| | Coca Cola Co | | X | | 9/25/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | CUC International Inc | | X | | 2/23/96 | X | | | | | | | | | |
| | CUC International Inc | | X | | 3/7/96 | X | | | | | | | | | |
| | CUC International Inc | | X | | 3/23/96 | X | | | | | | | | | |
| | CUC International Inc | | X | | 11/13/96 | X | | | | | | | | | |
| | CUC International Inc | | X | | 11/14/96 | X | | | | | | | | | |
| | Duracell Intl Inc A | | X | | 1/16/96 | X | | | | | | | | | |
| | Duracell Intl Inc A | | X | | 1/17/96 | | X | | | | | | | | |
| | Duracell Intl Inc A | | X | | 1/18/96 | | X | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 7/1/96 | X | | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 7/2/96 | X | | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 7/3/96 | X | | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 8/28/96 | X | | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 10/28/96 | X | | | | | | | | | |
| | Electronic Data Systems Corp | | X | | 11/19/96 | | X | | | | | | | | |
| | General Motors Corp CL E | | X | | 5/30/96 | X | | | | | | | | | |
| | General Motors Corp CL E | | X | | 6/4/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Gillette Co | | X | | 3/7/96 | X | | | | | | | | | |
| | Gillette Co | | X | | 7/30/96 | | | X | | | | | | | |
| | Gillette Co | | X | | 11/5/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 1/22/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 1/23/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 7/23/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 9/25/96 | X | | | | | | | | | |
| | Intel Corp | | X | | 10/16/96 | | X | | | | | | | | |
| | Intel Corp | | X | | 10/17/96 | X | | | | | | | | | |
| | McDonalds Corp | | X | | 1/18/96 | X | | | | | | | | | |
| | McDonalds Corp | | X | | 1/23/96 | X | | | | | | | | | |
| | McDonalds Corp | | X | | 2/16/96 | | X | | | | | | | | |
| | McDonalds Corp | | X | | 5/20/96 | X | | | | | | | | | |
| | McDonalds Corp | | X | | 5/21/96 | X | | | | | | | | | |
| | Microsoft Corp | | X | | 1/22/96 | X | | | | | | | | | |
| | Microsoft Corp | | X | | 7/16/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Microsoft Corp | | X | | 11/1/96 | X | | | | | | | | | |
| | Microsoft Corp | | X | | 11/19/96 | | X | | | | | | | | |
| | Pfizer Inc | | X | | 7/30/96 | X | | | | | | | | | |
| | Pfizer Inc | | X | | 11/19/96 | | X | | | | | | | | |
| | Pfizer Inc | | X | | 11/20/96 | X | | | | | | | | | |
| | Procter & Gamble Co | | X | | 8/28/96 | X | | | | | | | | | |
| | Procter & Gamble Co | | X | | 8/30/96 | | X | | | | | | | | |
| | Procter & Gamble Co | | X | | 9/17/96 | | X | | | | | | | | |
| | Sterling Chemicals Inc | | X | | 7/16/96 | X | | | | | | | | | |
| | Stryker Corp | | X | | 11/1/96 | | X | | | | | | | | |
| | Wal-Mart Stores | | X | | 12/18/96 | X | | | | | | | | | |
| | Wal-Mart Stores | | X | | 12/19/96 | X | | | | | | | | | |
| | Wal-Mart Stores | | X | | 12/20/96 | X | | | | | | | | | |
| | Walgreen Co | | X | | 11/12/96 | X | | | | | | | | | |
| | Walgreen Co | | X | | 11/13/96 | X | | | | | | | | | |
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Walgreen Co | | X | | 11/19/96 | X | | | | | | | | | |
| | General Motors Corp CL E exchanged for Electronic Data Systems Corp | | | X | 6/13/96 | | | X | | | | | | | |
| | ACX Technologies Inc | | X | | 5/20/96 | X | | | | | | | | | |
| | Adobe Sys Inc | | X | | 10/17/96 | X | | | | | | | | | |
| | Applied Materials Inc (Del) | | X | | 12/24/96 | X | | | | | | | | | |
| | Ascend Comm | | X | | 6/12/96 | X | | | | | | | | | |
| | Ascend Comm | | X | | 7/11/96 | | X | | | | | | | | |
| | Ascend Comm | | X | | 7/22/96 | | X | | | | | | | | |
| | Ascend Comm | | X | | 9/27/96 | | X | | | | | | | | |
| | Ascend Comm | | X | | 11/26/96 | | X | | | | | | | | |
| | AT&T Corp | | X | | 9/16/96 | | X | | | | | | | | |
| | Atmel Corp | | X | | 12/24/96 | X | | | | | | | | | |
| | Autodesk Inc | | X | | 2/26/96 | X | | | | | | | | | |
| | Barnes & Noble Inc | | X | | 4/8/96 | X | | | | | | | | | |
| | Barrick Gold Corp | | X | | 1/30/96 | X | | | | | | | | | |
| | Barrick Gold Corp | | X | | 11/8/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | BGR Precious Metals Inc Fund | | X | | 1/30/96 | X | | | | | | | | | |
| | Biomet Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Builders Trans Inc | | X | | 11/13/96 | X | | | | | | | | | |
| | Builders Trans Inc | | X | | 11/14/96 | X | | | | | | | | | |
| | Cabletron Systems | | X | | 6/14/96 | X | | | | | | | | | |
| | Callaway Golf Co | | X | | 8/19/96 | X | | | | | | | | | |
| | Cerner Corp | | X | | 12/24/96 | X | | | | | | | | | |
| | Chrysler Corp | | X | | 6/14/96 | X | | | | | | | | | |
| | Ciprico Inc | | X | | 12/24/96 | X | | | | | | | | | |
| | Circuit City Stores Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Compaq Computer Corp | | X | | 8/8/96 | X | | | | | | | | | |
| | Comshare Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Cooper Tire & Rubber Co | | X | | 6/14/96 | X | | | | | | | | | |
| | CUC International Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Dollar General Corp | | X | | 1/31/96 | | X | | | | | | | | |
| | Eastman Chemical Co | | X | | 11/8/96 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued | | | | | | | | | | | | | | |
| | Federated Dept Stores Inc Del New | | X | | 2/15/96 | X | | | | | | | | | |
| | FILA Hldg S P A ADR | | X | | 12/13/96 | X | | | | | | | | | |
| | Halliburton Co | | X | | 9/17/96 | X | | | | | | | | | |
| | Heilig Meyers Co | | X | | 12/27/96 | X | | | | | | | | | |
| | Hewlett Packard Co | | X | | 2/28/96 | | X | | | | | | | | |
| | Homestake Mining Co | | X | | 1/30/96 | X | | | | | | | | | |
| | IMP Inc | | X | | 7/23/96 | X | | | | | | | | | |
| | Indigo | | X | | 2/28/96 | X | | | | | | | | | |
| | Integrated Device Technology Inc | | X | | 2/8/96 | X | | | | | | | | | |
| | International Business Machines | | X | | 2/27/96 | | X | | | | | | | | |
| | Iomega Corp | | X | | 7/23/96 | X | | | | | | | | | |
| | Lidak Pharmaceuticals CL A | | X | | 3/12/96 | | | X | | | | | | | |
| | Limited Inc | | X | | 3/18/96 | X | | | | | | | | | |
| | Limited Inc | | X | | 3/22/96 | X | | | | | | | | | |
| | Linkon Corp | | X | | 5/28/96 | X | | | | | | | | | |
| | Merck & Co Inc | | X | | 8/27/96 | | X | | | | | | | | |

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3246

## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: a $1,001 - $15,000 | c $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | MFS SER TR IV Money Market Fund A | | X | | 12/24/96 | | | X | | | | | | | |
| | MFS World Governments Fund A | | X | | 11/22/96 | | | X | | | | | | | |
| | Motorola Inc | | X | | 12/24/96 | X | | | | | | | | | |
| | Mylan Labs | | X | | 11/8/96 | X | | | | | | | | | |
| | Nike Inc CL B | | X | | 9/12/96 | | X | | | | | | | | |
| | Office Depot Inc | | X | | 9/17/96 | X | | | | | | | | | |
| | Paine Webber Group Inc | | X | | 11/8/96 | X | | | | | | | | | |
| | Pep Boys | | X | | 2/23/96 | | X | | | | | | | | |
| | Pfizer Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Pure Atria Corp | | X | | 12/2/96 | X | | | | | | | | | |
| | Reading & Bates Corp | | X | | 10/7/96 | X | | | | | | | | | |
| | Redhook Ale Brewery Inc | | X | | 11/18/96 | X | | | | | | | | | |
| | Reynolds Metals Co | | X | | 4/8/96 | X | | | | | | | | | |
| | S&K Famous Brands Inc | | X | | 12/27/96 | | X | | | | | | | | |
| | Salomon Inc | | X | | 11/8/96 | X | | | | | | | | | |
| | Scherer R P Corp Del | | X | | 6/14/96 | X | | | X | | | | | | |

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3247

## SCHEDULE IV - TRANSACTIONS

NAME Norman Sisisky



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | ASSET | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-95 | | X | | | | | | | | |
| | Transactions of New Dominion LC, continued: | | | | | | | | | | | | | | |
| | Stein Mart Inc | | X | | 3/8/96 | X | | | | | | | | | |
| | Stein Mart Inc | | X | | 8/1/96 | X | | | | | | | | | |
| | Teradyne Inc | | X | | 6/14/96 | X | | | | | | | | | |
| | Texas Instruments Inc | | X | | 9/27/96 | X | | | | | | | | | |
| | US Treasury SEC Stripped Int Pmt 2/15/2013 | | X | | 12/9/96 | | X | | | | | | | | |
| | Walt Disney Co (Holding Co) | | X | | 9/27/96 | | X | | | | | | | | |
| | World Airways Inc New | | X | | 2/28/96 | X | | | | | | | | | |
| | World Corp Inc | | X | | 2/28/96 | X | | | | | | | | | |
| | First Federal Savings Bank of Virginia | X | | | 7/1/96 | | X | | | | | | | | |
| | Accounts Receivable - Dividend and Security Settlement (1996 Collections) | | | X | Various | | X | | | | | | | | |
| | United States Treasury 7.25% 11/30/96 | | X | | 12/2/96 | | | X | | | | | | | |
| | PepsiCo Inc Medium Term 0% 10/18/2004 | | X | | 10/24/96 | | X | | | | | | | | |
| | First Colony Corp | | X | | 12/3/96 | | | X | | | | | | | |
| | Taylor Capital Management, a ltd. partnership | X | | | 1/4/96 | | | | X | | | | | | |
| | Gulfstream Partners, L.P. | X | | | 1/4/96 | | | X | | | | | | | |
| | Gulfstream Partners, L.P. | X | | | 7/1/96 | | | | X | | | | | | |

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## Notes to Accompanying Schedules III and IV

(1) Not publicly held - based on entity's year-end book value.

(2) Valuation furnished by the issuer.

(3) Reported at assessed value.

(4) The Berkeley Venture, a joint venture organized in Virginia, invests in unimproved real estate and has its principal place of business in the City of Newport News, Virginia. The valuation is based on the Member's underlying book value except as to real estate which is based on the assessed value thereof.

(5) LDC Distributing, Inc. is an inactive, closely held Virginia corporation having its principal place of business at 1990 East Whitehill Road, Prince George, Virginia.

(6) New Dominion LC is a Virginia limited liability company having its principal place of business at 1990 East Whitehill Road, Prince George, Virginia. The data set forth in Schedules III and IV reflect the Member's and his spouse's 1996 reportable interests.

(7)(a) As previously reported, the Member is a vested participant in a qualified pension plan (Lee Distributing Company, Inc. Employees' Pension Plan) sponsored by his former employers. Under this plan, the employers made contributions to a qualified pension trust, based generally on participants' compensation. Because the Member, prior to 1985, ceased to be an employee of any contributing employer, no future contributions to such pension plan on behalf of the Member are anticipated. The category of value is based on the latest available actuarial data, which includes the Member's spouse's interest in such plan.

(b) The Member, as a former member of the Virginia House of Delegates, receives a pension from the Virginia Retirement System. The category of value is estimated, based on the present value of expected future benefits.

(8) Patterson Land Corporation, a Virginia corporation, has its principal office in Henrico County, Richmond, Virginia. Because its common stock is closely held, and in the absence of pertinent information, the value of the investment is based on the best available information.

(9) Collateralized by commercial real estate at 1990 East Whitehill Road, Prince George County, Virginia. Monthly payments of principal and interest were collected in 1996 with respect to such note.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Joint Venturer | The Berkeley Venture |
| Member | New Dominion LC |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | See Note (7)(a) to Schedules III and IV hereof. | |

GPO 1997 3R-554 (mac)

Use additional sheets if more space is required.

NORMAN SISISKY
4TH DISTRICT, VIRGINIA

WASHINGTON OFFICE:
2351 RAYBURN BUILDING
WASHINGTON, DC 20515-4604
(202) 225-6365

NATIONAL SECURITY COMMITTEE
RANKING MEMBER, MILITARY READINESS SUBCOMMITTEE
MILITARY INSTALLATIONS AND FACILITIES SUBCOMMITTEE
MORALE, WELFARE AND RECREATION PANEL

SMALL BUSINESS COMMITTEE
REGULATORY REFORM AND PAPERWORK REDUCTION SUBCOMMITTEE

# Congress of the United States
## House of Representatives
## Washington, DC 20515-4604

CONSTITUENT SERVICE OFFICES:
BRISTOL SQUARE I #204
309 COUNTY STREET
PORTSMOUTH, VA 23704
757-393-2068

43 RILES ROAD
PETERSBURG, VA 23805
804-732-2544

EMPORIA EXECUTIVE CENTER
425H SOUTH MAIN STREET
EMPORIA, VA 23847
804-634-5575

June 11, 1997

(3)

MC

HAND DELIVERED

97 JUN 11 PM 3:57

The Honorable Robin H. Carle, Clerk
Office of Records and Regulations
Room B 106, Cannon House Office Building
Washington, D.C. 20515

Dear Madam Clerk:

It has come to my attention that in preparing my Financial Disclosure Statements for the Calendar Year 1995, the information used in reporting two holdings and the purchases thereof was incorrectly provided by the custodial bank. In addition, the details shown for each of the years 1995 and 1996 with respect to my income from New Dominion LC, a Virginia limited liability company in which I have an interest, were not complete. Also, the detailed description of a municipal bond held at December 31, 1996 has been conformed to the description used in 1995. The accompanying Exhibit A, covering the years 1995 and 1996, provides the information required in the areas described above.

Please consider this letter, together with the attached Exhibit A (2 pages) which covers the years 1995 and 1996, to be an amendment of my 1995 and 1996 Financial Disclosure Statements. Thank you very much for your assistance in this matter.

Sincerely,

Norman Sisisky

NORMAN SISISKY
Member of Congress

Enclosure

EXHIBIT A
Page 1

NORMAN SISISKY
ADDITIONAL INFORMATION TO ACCOMPANY
FINANCIAL DISCLOSURE STATEMENTS
For calendar years 1995 and 1996

---

## YEAR 1995

SCHEDULE III - ASSETS AND "UNEARNED" INCOME:

1. Delete the sixth and tenth items appearing on page 4, identified as Foster Wheeler Corp. common stock and Hewlett Packard common stock, respectively. Such holdings, as well as the purchases thereof, were reported from data provided by the custodial bank for the year 1995; however, in 1996, the bank voided those two holdings retroactive to December 31, 1995 and the underlying 1995 purchase transactions.

2. With respect to the investment in New Dominion LC, a Virginia limited liability company, reported as the first item on page 11;

   a. In Block C-Type of Income, insert "Limited liability company"; and

   b. In Block D-Amount of Income, the income is reportable under category VIII ($100,001-$1,000,000).

SCHEDULE IV - TRANSACTIONS:

1. Delete the sixth item on page 21, reported as a purchase of Foster Wheeler Corp. common stock on November 16, 1995.*

2. Delete the fourth item on page 22, reported as a purchase of Hewlett Packard Co. common stock on December 15, 1995.*

---

*Explanation is provided under numbered item 1 of SCHEDULE III-ASSETS AND "UNEARNED" INCOME, above.

YEAR 1996

SCHEDULE III - ASSETS AND "UNEARNED" INCOME:

1. The description in Block A of the tenth item on page 6 is modified to read:

   Richmond, Va. RFDG-Ser B-
   Pub Impt UT 6.25%
   1/15/2018-01

   Other blocks with respect to such bond remain unchanged.

2. With respect to the investment in New Dominion LC, a Virginia limited liability company, reported as the first item on page 11:

   a. In Block C-Type of Income, insert "Limited liability company"; and

   b. In Block D-Amount of Income, the income is reportable under category VIII ($100,001 - $1,000,000).

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 15 PM 5:20

HAND DELIVERED

MC
(Office Use Only)

David Evans Skaggs
(Full Name)

1124 Longworth House Office Building (202) 225-2161
(Mailing Address) (Daytime Telephone)

Washington, D.C. 20515

Filer Status: [X] Member of the U.S. House of Representatives — State Colorado District 02 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year): May 15, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| National Trust for Historic Preservation | spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Brookings Institution | speech | Sept. 17, 1996 | $400 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Evans Skaggs



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Dean Witter IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DW Liquid Account | | X | | | | | | | | | | X | | | | | | NA | | | | | | | | | | |
| | Global Div. Growth SCC | | X | | | | | | | | | | | | | X | | | NA | | | | | | | | | | |
| | Air Methods Corp. | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Evans Skaggs



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP | Kemper Growth Fund IRA | | X | | | | | | | | | | | | | X | | | NA | | | | | | | | | | |
| SP | Investment Co. Amer. IRA | | X | | | | | | | | | | | | | X | | | NA | | | | | | | | | | |
| SP | Grace Petro. Corp. | | X | | | | | | | | | | | | royalty | | | | | X | | | | | | | | | |
| SP | 20th Century Funds (retirement) | | X | | | | | | | | | | X | | | X | | | NA | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name David Evans Skaggs



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Dean Witter IRA | | | | | | | | | | | | | | |
| | Dean Witter Sears Liquid Asset Fund | X | X | | various | X | | | | | | | | | |
| | Dean Witter Global Div. Growth Fund | X | X | | various | X | | | | | | | | | |

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3259

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -7 AM 11:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)
RECEIVED

JOSEPH R. SKEEN
(Full Name)

2302 RAYBURN HOB
WASHINGTON, D.C. 20515
(Mailing Address)

(202)225-2365
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State NM District 02 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joseph R. Skeen

DATE (Month/Day/Year): 5/8/97

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOSEPH R. SKEEN



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|---|---|
| | | | | A None - $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None - $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | E | DIVIDENDS | I | P |
| | | | 123 Main St., Dover, Del. | G | RENT | VI | |
| | | | 1st Bank of Paducah, KY accounts | E | INTEREST | IV | |
| JT | #7 DEBORAH DR. - ROS., NM | | | E | INTEREST | IV | |
| | OIL & GAS WORKING INT.,(5%) | | A | | Oil&Gas Sales | I | |
| | SAVINGS - WRIGHT PATMAN FED. CRED. UNION | | B | | DIVIDENDS | I | |
| JT | REAL ESTATE-RUIDOSO,NM | | B | | UNDEVELOPED | Property(NOT INCOME PRODUCING) | |
| JT | REAL ESTATE-6-MILE HILL Roswell, NM | | B | | UNDEVELOPED | PROPERTY(NOT INCOME PRODUCING) | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH R. SKEEN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | FARM CREDIT SERVICES-STOCK | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | COMMON STOCK-NORWEST BANK | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | COMMON STOCK - BRISTOL MYERS | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | COMMON STOCK - UNC.RES., INC. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | COMMON STOCK-PAN-AMER.,CORP. | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | COMMON STOCK-SEA GULL ENERGY | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | PRODUCTION CREDIT ASSOC.-STOCK | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | RANCH TO INCLUDE 15,000 ACRES, LAND, IMPROVEMENTS & LIVESTOCK (58%) Holding) - PICACHO, NM - LINCOLN,COUNTY | | | | | | | | | X | | | | RANCH INCOME | | | | | X(NET LOSS) | | | | | | | X(GROSS) | | | |
| | HARTFORD VARIABLE ANNUITY (PAINE-WEBBER)TAX DEFERRED | | | X | | | | | | | | | NO INCOME - TAX DEFERRED | | | | | | | | | | | | | | | | |
| | COMMON STOCK - ALLIED CAPITOL COMMERCIAL CORP. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | PARTIAL SALE |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH R. SKEEN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | COMMON STOCK - MUTUAL FUNDS EURO-PACIFIC FUND | | | X | | | | | | | | | X | | | X | | | | | X-REINVESTED | | | | | | | | |
| | COMMON STOCK - MUTUAL FUNDS FUNDAMENTAL INVESTORS | | | X | | | | | | | | | X | | | X | | | | | X-REINVESTED | | | | | | | | |
| | US FIDELITY & GUARANTY LIFE ANNUNITY | | | X | | | | | | | | | NO-INCOME TAX | | | | | | DEFERRED | | | | | | | | | | S |

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## SCHEDULE IV — TRANSACTIONS

Name JOSEPH R. SKEEN



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | COMMON STOCK - ALLED CAPITOL COMMERCIAL CORP. | | X | | 9-18-96 | X | | | | | | | | | |
| | US FIDELITY & GUARANTY LIFE ANNUNITY | | X | | 7/1/96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name JOSEPH R. SKEEN



Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | FARM CREDIT SERVICES-ROSWELL,NM | MORTGAGE ON RANCH PICACHO,NM -LINCOLN,CTY. | | | | | X | | | | | |
| JT | ROSWELL ESCROW CO.NM,-#7 Deborah Dr.-ROS. Real Estate | MORTGAGE ON ROSWELL PROPERTY | | X | | | | | | | | |
| JT | NORWEST BANK - ROSWELL,NM-BANK ACCT. | OPERATING EXPENSES FOR RANCH | | X | | | | | | | | |
| JT | PRODUCTION CREDIT ASSOC.-ROS.,NM | OPERATING EXPENSES FOR RANCH | X | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | SPOUSE ONLY | | | | | | |
| | MARY SKEEN - NEW MEXICO STATE UNIVERSITY - COUNCIL MEMBER - COUNCIL FOR AGRICULTURE RESEARCH EXTENSION & TRAINING(CARET) | 11/14-17/96 | ROSWELL,NM-SAN DIEGO, CA.-ROSWELL,NM | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 12 PM 2:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

7

Ike Skelton
(Full Name)

2227 Rayburn House Building
(Mailing Address)
Washington DC 20515

Daytime Telephone:
202/225-2876

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State: MO District 04 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | X | |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | X | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | | X |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | X | |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) | | X |
| **EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) | | X |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C, app. 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/8/97

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Missouri State Retirement System | State Senate - 6 years | $5990.00 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None." | if other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| SP<br>DC *Examples:* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| SP | Trust, Virginia B. Anding Estate, United Missouri Bank, Kansas City, MO Assets United Missouri Bank Common Stock Fund, United Missouri Bank Common Tax Exempt Fund, United Missouri Bank Taxable Fixed Income Fund Total Assets | $250,001 - $500,000 | Dividends, Interest | $5,001 - $15,000 | NA |
| | Trust, Carolyn B. Skelton Estate, Commerce Bank, Kansas City, MO Assets Commerce Bank Tax Free Bond Funds, Commerce Bank Institutional Liquid Assets Tax-Exempt. Total Assets | $100,001 - $250,000 | Dividends, Interest | $5,001 - $15,000 | NA |
| SP | Sun Oil Company, mineral rights, UST&T Omyx Energy Company (formerly Sun Oil Company) | None - $1,000 | Rent | $201 - $1,000 | NA |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Fractional Interest in Store Building, Delhi, LA | None - $1,000 | | None - $200 | NA |
| JT | Note & Contract for sale to Lafayette County Bankshares Inc., Lafayette County Bank, Lexington, MO ($105,840 00 over 10 years) | $50,001 - $100,000 | Interest | $5,001 - $15,000 | NA |
| JT | Lafayette County Bankshares** Interest+Principle Paid/Due 1) Bryce Quarter Horses **formerly included in Note and Contract Sale **Indicated 6 3% Joint Ownership of total asset Susie Skelton 1 6% + Ike Skelton 4 7% | $1,001 - $15,000 | Interest+principle | $201 - $1,000 | NA |
| JT | Congressional Federal Credit Union, Certificate of Deposit, Washington, DC | $1,001 - $15,000 | Interest | None - $200 | NA |
| JT | Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO | $1,001 - $15,000 | Interest | None - $200 | P |
| JT | Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO | $1,001 - $15,000 | Interest | None - $200 | NA |
| JT | Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO | None - $1,000 | Interest | None - $200 | NA |
| JT | Bank Midwest, Certificate of Deposit, Lexington, MO (formerly Commerce Bank of Lexington) | None - $1,000 | Interest | None - $200 | NA |
| JT | Boatmen's River Valley Bank, Certificate of Deposit, Lexington, MO | $1,001 - $15,000 | Interest | None - $200 | NA |
| JT | Lafayette County Bank, Certificate of Deposit, Lexington, MO | None - $1,000 | Interest | None - $200 | NA |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| JT | Lexington Building & Loan Assoc, Certificate of Deposit, Lexington, MO | Purchase | 07/30/96 | $1,001 - $15,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| JT | Lafayette County Bank, Lexington, MO | Open Note | $15,001 - $50,000 |
| JT | Congressional Federal Credit Union, Washington, DC | Personal Loan | $10,001 - $15,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

| Position | Organization |
|---|---|
| Trustee | Ike Skelton Sr. Memorial Trial Practice Award (University of Missouri School of Law) |
| Trustee | Ike Skelton Sr. Outstanding Junior Sigma Chi Award (Xi Xi Chapter University of Missouri) |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE DISCLOSURE CLERK
97 MAY 13 AM 11:03
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(5)

MC

HANDCARRIED

Louise McIntosh Slaughter
(Full Name)

14 Manor Hill Drive, Fairport NY 14450
(Mailing Address)

202-225-3615
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U S House of Representatives | State NY District 28 | ☐ Officer or Employee | Employing Office |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☒ |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11 ) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app 4, §104 and 18 U S.C §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Louise M. Slaughter

DATE (Month/Day/Year): May 12, 1997

3274

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| State of New York | Pension for state Assembly Service | $ 7,264 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Louise M Slaughter | Page 2 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Procter and Gamble Stock | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | Clorox Stock | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Oppenheimer Growth Fund A | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| JT | Fidelity money market savings | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Travelers Stock | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Louise M Slaughter



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Retirement Accounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA - Fidelity Growth + Income Fund | | X | | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | |
| | IRA - Fidelity Retirement Growth Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA - Vanguard Trustees Equity Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA - Fidelity Growth + Income Fund | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA - Fidelity Retirement Growth Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA - Mutual Qualified Fund | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA - Fidelity Magellan Fund | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA - Fidelity Growth Co Fund | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| S | 401K - East Kodak Savings Invest Plan | | | | | | X | | | | | | | | N/A | | | | | | | | N/A | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C —Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C —Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Einstein Institute for Science | July 2-3 | Roch NY - Cape Cod MA - Wash DC | Y | Y | N | N |

(6)

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U.S. ... HOUSE OF REPRESENTATIVES

MC INSIDE MAIL
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

D. Adam Smith
(Full Name)

27030 47th Avenue South #104
(Mailing Address)

Kent, WA 98032-7190

Daytime Telephone (202) 225-8901

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Washington District 9 | [ ] Officer or Employee | Employing Office | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: D. Adam Smith

DATE (Month/Day/Year): 5/1/97

3279

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Washington State Senate | Salary | 27,066 |
| | City of Seattle | Salary | 1,511 |
| | Pierce County | Salary | 3,040 |
| | King County | Salary | 2,108 |
| | Levinson, Friedman, Vhugen, Duggan & Bland | Spouse Salary | NA |
| | Law Office of William D. Hochberg | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name D. Adam Smith



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Washington Mutual Savings Acct | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Sogen International Mutual Fund | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | S |
| | LFS Total Return CLA Mutual Fund | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | P |
| | Washington State Pension | | X | | | | | | | | | | | | NA | | | | | | NA | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name D. Adam Smith



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | Sogen International Mutual Fund | | | X | | 11-25-96 | | X | | | | | | | | |
| JT | MFS Total Return CLA Mutual Fund | | X | | | 2-29-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| Sp | Sallie Mae, Kansas City, MO | Student loan | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Directors, At-large Member (unpaid) | Judson Park Retirement Home, Des Moines, WA |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:44

HAND DELIVERED
(Office Use Only)

CHRISTOPHER H. SMITH
(Full Name)

74 Tynemouth Court, Robbinsville, New Jersey 08691-9354
(Mailing Address)

Daytime Telephone
(609) 890-2800

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State New Jersey District 4th | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Christopher H. Smith

DATE (Month/Day/Year): May 15, 1997

3285

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | The Asian Wall Street Journal | Article | Apr. 24, 1996 | $300.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CHRISTOPHER H. SMITH



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | *Examples* 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| | *Examples* 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Janus Mutual Funds<br>P.O. Box 173375<br>Denver, CO 80217 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Janus Mercury (SOLD) | X | | | | | | | | | | | X | | | X | | | X | | | | | | | | | | S |
| JT | Janus Money Market | X | | | | | | | | | | | | | X | | | | | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHRISTOPHER H. SMITH, M.C. | Page 4 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | Janus Mercury (SOLD) | | X | | | | | | | | | | X | | | X | | | | | | | | | | | | | S |
| DC | Janus Money Market | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | P |
| DC | Janus Mercury (SOLD) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| DC | Janus Money Market | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | P |
| DC | Janus Mercury (SOLD) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| DC | Janus Money Market | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | P |
| DC | Janus Mercury (SOLD) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| DC | Janus Money Market | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | P |
| DC | Certificate Accrual Treasury Securities | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | " " " | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | " " " | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | " " " | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | Congressional Federal Credit Union | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name CHRISTOPHER H. SMITH, M.C.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| DC | Janus Mercury | | X | | 12-12-96 | X | | | | | | | | | |
| DC | Janus Money Market | X | | | | X | | | | | | | | | |
| DC | Janus Money Market | X | | | 12-24-96 | X | | | | | | | | | |
| DC | Janus Mercury | | X | | 12-12-96 | X | | | | | | | | | |
| DC | Janus Money Market | X | | | | X | | | | | | | | | |
| DC | Janus Mercury | | X | | 12-12-96 | X | | | | | | | | | |
| DC | Janus Money Market | X | | | | X | | | | | | | | | |
| DC | Janus Mercury | | X | | 12-12-96 | X | | | | | | | | | |
| DC | Janus Money Market | X | | | | X | | | | | | | | | |
| JT | Janus Mercury | | X | | 12-12-96 | X | | | | | | | | | |
| JT | Janus Money Market | X | | | | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Right to Life Educational Trust Fund | Apr.24-25 | Wash.,D.C.-NYC-Wash.D.C. | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member, Board of Directors | Americans United for Life Legal Defense Fund |
| Member, Advisory Board | The Susan Breast Cancer Fund |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
97 MAY 15 PM 6 40

Lamar Seeligson Smith
(Full Name)

2231 Rayburn House Office Building
(Mailing Address)

202 225-4236
Daytime Telephone

HAND DELIVERED
(Office Use Only)

10

| | | | | |
|---|---|---|---|---|
| **Filer Status** | X | Member of the U S House of Representatives | State TEXAS District 21st | ☐ Officer or Employee — Employing Office |
| **Report Type** | X | Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | X | |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | | X |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | X | |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | X | |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Lamar Smith

**DATE** (Month/Day/Year) May 15, 1997

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| Name | Lamar Smith | Page 2 of 10 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | The First Church of Christ Scientist, Boston, Massachusetts | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| NA | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lamar Smith



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B (A–K) | Block C | Block D (I–X) | Block E |
|---|---|---|---|---|---|---|
| | | | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* SP | Mega Corp Stock | C | DIVIDENDS | II | P |
| | | 123 Main St., Dover, Del. | G | RENT | III | |
| | | 1st Bank of Paducah, KY accounts | E | INTEREST | IV | |
| | | Life Tenant, undivided (25%) surface and mineral interest of Lamar Seeligson Ranch, Premont, TX. | G | royalties | VII | |
| | | Partnership Interest, Lamar Seeligson Ranch | C | RENT | VI | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lamar Smith | Page of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Wright Patman Federal Credit Union | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | 19 Warren Street, Barnstable County, MA | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Signet Bank | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| * | Holdings owned by Dependent Children | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Life Tenant, Dividends Only | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| DC | Daily U.S. Treasury Money Fund * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Abbott Laboratories * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Allied Signal * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | British Pete * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | General Electric Co * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Noble Affiliates * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Pepsico Inc.* | | | | | X | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Sysco Corp * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |
| DC | Walmart * | | X | | | | | | | | | | | NA | | | | | | NONE | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lamar Smith

Page 6 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | list contd.. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Security Capital Pacific Trust * | | X | | | | | | | | | | | NA | | | | | | | | NONE | | | | | | | |
| DC | United Dominion Rlty. Tr. * | | X | | | | | | | | | | | NA | | | | | | | | NONE | | | | | | | |
| DC | Weingarten Rlty * | | X | | | | | | | | | | | NA | | | | | | | | NONE | | | | | | | |
| DC | Oak Forest * | | | X | | | | | | | | | | NA | | | | | | | | NONE | | | | | | | |
| DC | USTA -Joint Venture * | | | X | | | | | | | | | | NA | | | | | | | | NONE | | | | | | | |
| | 315 Cleveland Court San Antonio, TX | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Lamar Smith



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| DC | Toys R US | | X | | 1-30-96 | X | | | | | | | | | |
| DC | Avery Dennison Corp | | X | | 5-22-96 | X | | | | | | | | | |
| DC | Vastar Res Inc. | | X | | 6-13-96 | X | | | | | | | | | |
| DC | Bristol Meyers Squibb | | X | | 7-26-96 | X | | | | | | | | | |
| DC | Georgia State | | X | | 7-26-96 | X | | | | | | | | | |
| DC | St Louis MO Wtr. Rev | | X | | 7-29-96 | X | | | | | | | | | |
| DC | Allied Signal | | X | | 11-15-96 | X | | | | | | | | | |
| DC | Emerson Elec. Co. | | X | | 11-15-96 | X | | | | | | | | | |
| DC | University of Colorado Hosp. Auth | | X | | 11-15-96 | X | | | | | | | | | |

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Name Lamar Smith

Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B | C | D | E | F | G | H | I | J | K |
| | | | $10,001– $15,000 | $15,001– $50,000 | $50,001– $100,000 | $100,001– $250,000 | $250,001– $500,000 | $500,001– $1,000,000 | $1,000,001– $5,000,000 | $5,000,001– $25,000,000 | $25,000,001– $50,000,000 | Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | NA | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D C —Chicago—Wash., D C | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash , D C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Yale Club of London | Nov 15-19 | Wash.,D.C.-NY-London<br>London-NY-Wash.,D.C. | Y | N | Y | 3-days |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Lamar Seeligson Ranch |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO 1997: 38-554 (mac)

Use additional sheets if more space is required.

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:34

CLERK
U.S. HOUSE OF REPRESENTATIVES

RECEIVED

(Office Use Only)

LINDA ANN SMITH
(Full Name)
10009 NW RIDGECREST AVE
(Mailing Address)
VANCOUVER WA 98685
Daytime Telephone 202 225 3536

MC

| | | | | |
|---|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State District | ☐ Officer or Employee | Employing Office |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ | No ☐ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☑ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☑ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☑ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

3302

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | FISHER BROADCASTING, INC | TALK SHOW HOST | $75.00 |
| | BURLINGTON NORTHERN SANTE FE RAILROAD | SPOUSE SALARY | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

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Name LINDA SMITH | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LINDA SMITH



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P S E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | *Examples* 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Vancouver, WA 1900 '2' St | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| SP | Merrill Lynch BNSF Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | US Thrift Savings | | | X | | | | | | | | | X | | | | | | | | n/a | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LINDA SMITH



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name LINDA SMITH



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | x | | | | | | |
| JT | Washington Mutual Bank, Seattle | Mortgage on 1900 2' St | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Assemblies of God Southern California | Mar 15-16 | wash DC - orange county - sea tac | Y | N | N | N |

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| Name LINDA SMITH | Page 9 of 9 |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

3311

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(1)

NICK SMITH
(Full Name)
12780 Addison Rd
Addison, Mich 49220
(Mailing Address)
202-225-6276
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Mich District 07 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

97 MAY 15 PM 4:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Nick Smith

DATE (Month/Day/Year): 5/12/97

Name Nick Smith | Page 2 of 7

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Addison, Michigan farm | Farm Earnings | 11,637 |
| | State of Michigan | Pensions | 34,999 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Nick Smith



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | E, S, P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Society Bank-Addison | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Society Bank Farm Acct | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | MERRILL LYNCH IRA NS | X | | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | MERRILL LYNCH IRA BAS | X | | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | EATON VANCE TRUST | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| | CONG FED CREDIT UNION | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

3313

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nick Smith



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A. G. EDWARDS - CASH Mgmt | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | ~~MICH PUBLIC POWER BOND~~ | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | S |
| | BYRON PUBLIC SCHOOL BOND | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | JACKSON CITY BANK | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Old Kent Fin'l CORP | | | X | | | | | | | | | X | | X | | | | | | X | | | | | | | | P |
| | CITY BANK FIN'L CORP | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | FARM – ADDISON MICH | | | | | | | | X | | | | | FARMING | | | | | | | | | | X | | | | | |
| | EMERSON ELECTRIC | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | |
| | CALIF PROPERTY ANTELOPE Valley N. of L.A. | | X | | | | | | | | | | | VACANT LOT | | | | | X | | | | | | | | | | |
| | AMERICAN INTL GP | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | |
| | ~~APPLE COMPUTER~~ | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | S |
| | BANK ONE CORP | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | |
| | BRISTOL MEYERS | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| | H. J. HEINZ | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| | KELLOGG CO | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NICK SMITH



| BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP DC JT | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| ~~WAL MART STORES~~ | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | S |
| CONAGRA INC (DEL) | | X | | | | | | | | | | X | | X | X | | | X | | | | | | | | | | |
| Motorola Inc | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| TCI Communications | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| Consumers Power | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name Wick SMITH



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | CONSUMERS POWER | X | | | 1-23-96 | | X | | | | | | | | |
| | Apple Computers | | X | | 7/15/96 | X | | | | | | | | | |
| | Walmart | | X | | 7/15/96 | X | | | | | | | | | |
| | MI Public Power Agency Bond | | X | | 1/2/96 | | | | X | | | | | | |
| | Motorola Inc | X | | | 7/16/96 | X | | | | | | | | | |
| | Old Kent Fin'l Corp | X | | | 1/4/96 | X | | | | | | | | | |
| | TCI Communications | X | | | 1/24/96 | | X | | | | | | | | |

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Name Nick SMITH | Page 1 of 1

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Taipei Economic + Cultural Representative Office | Apr 8-15 | Michigan - Taipei - Taipei - Washington | Y | Y | Y | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 11:49
INSIDE MAIL
U.S. HOUSE OF REPRESENTATIVES

MC (Office Use Only)

(6)

Robert F. Smith
(Full Name)

1301 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-0301

| Filer Status | | | State OR District | | Officer or Employee | Employing Office | Termination Date |
|---|---|---|---|---|---|---|---|
| | X | Member of the U.S. House of Representatives | 02 | | | | |

| Report Type | | | | |
|---|---|---|---|---|
| | X | Annual (May 15) | | Amendment | | Termination |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**–Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert F. Smith

DATE (Month/Day/Year): 5/15/97

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Smith West Co., 5000 Cirrus Drive, Suite 202, Medford, OR 97504 | Salary | $30,000. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| For further information, see Instructions, pages 14-20 | | | | |
| SP<br>DC *Examples* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | **Smith West Co. Stock 5000 Cirrus Dr., Suite 202 Medford, OR 97504 **Asset sold 1/1/97 | $1,001 - $15,000 | Dividends | $50,001 - $100,000 | |
| | Approximately 9000 acres of ranchland, Harney County, Burns, OR | $500,001 - $1,000,000 | Rent | $15,001 - $50,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Commercial Building, 484 North Broadway, Burns, OR 97720 | $50,001 - $100,000 | Rent | $15,001 - $50,000 | |
| Commercial Building 458 North Broadway, Burn, OR 97720 | $50,001 - $100,000 | Rent | $5,001 - $15,000 | |
| U.S. Bancorp, Bank Account, Medford 97504 | $50,001 - $100,000 | Interest | $1,001 - $2,500 | |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Northwest Farm Credit Services, Agricultural Credit Association, Redmond, OR 97756 | Mortgage on approximately | $100,001 - $250,000 |
| | | 9000 acres ranchland | |
| | | Burns, OR 97504 | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization; any labor organization; or any educational or other institution other than the United States. For further information; see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Owner and Operator | Smith West Co., a consulting service business |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Robert F. Smith
(Full Name)

1301 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-0301

me
(Office Use Only)

| Filer Status | | Member of the U.S. House of Representatives | State: OR District: 02 | | Officer or Employee | Employing Office. |
|---|---|---|---|---|---|---|
| Report Type | X | Annual (May 15) | | | Amendment | Termination Date Termination |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file a report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** **DATE** (Month/Day/Year) 5/15/97

3324

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Smith West Co., 5000 Cirrus Drive, Suite 202, Medford, OR 97504 | Salary | $30,000 |

For payments to charity in lieu of honoraria, use Schedule II.

3325

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP Mega Corp. Stock<br>DC *Examples* SP 123 Main St., Dover, Del<br>JT 1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| **Smith West Co. Stock 5000 Cirrus Dr., Suite 202 Medford, OR 97504 **Asset sold 1-1/97 | $1,001 - $15,000 | Dividends | $50,001 - $100,000 | |
| Approximately 9000 acres of ranchland, Harney County, Burns, OR | $500,001 - $1,000,000 | Rent | $15,001 - $50,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Commercial Building, 484 North Broadway, Burns, OR 97720 | $50,001 - $100,000 | Rent | $15,001 - $50,000 | |
| Commercial Building 458 North Broadway, Burn, OR 97720 | $50,001 - $100,000 | Rent | $5,001 - $15,000 | |
| U.S. Bancorp, Bank Account, Medford 97504 | $50,001 - $100,000 | Interest | $1,001 - $2,500 | |

| Name Robert F. Smith | Page 5 of 6 |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Northwest Farm Credit Services, Agricultural Credit Association, Redmond, OR 97756 | Mortgage on approximately | $100,001 - $250,000 |
| | | 9000 acres ranchland | |
| | | Burns, OR 97504 | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Owner and Operator | Smith West Co., a consulting service business |

(5)

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

VINCENT K. SNOWBARGER
(Full Name)

1451 E. ORLEANS
(Mailing Address)

OLATHE, KS 66062

Daytime Telephone
(913) 583-2013

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State ____ District ____ | [ ] Officer or Employee — Employing Office ____ |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | [X] | [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | [ ] | [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | [X] | [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | [ ] | [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | [X] | [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | [ ] | [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | [ ] | [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | [X] | [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | [ ] | [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Vincent K. Snowbarger

**DATE** (Month/Day/Year) 5-15-97

3330

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STATE OF KANSAS | LEGISLATIVE PAY | $21,700 |
| | U.S.D 233, OLATHE DISTRICT SCHOOLS | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name VINCENT K SNOWBARGER



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | *Examples:* 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Edward D. Jones - Profit Sharing for Vincent K. Snowbarger, P.A. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Kansas Public Retirement System | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Kansas Public Retirement System | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | SNOWBARGER + VEATCH, LLP | | X | | | | | | | | | | 0% of legal fees | | | | | | X | | | | | | | | | | |
| | Vincent K. Snowbarger, P.A. - Stock | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | Sallie Mae | Son's student loan | X | | | | | | | | | |
| JT | FBS Credit Inc | Revolving Charge | X | | | | | | | | | |
| JT | Boatmen's Bank | Personal loan | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Johnson County Certified Development Company |
| Board Member | MidAmerica Nazarene College Foundation |
| Partner | Snowbarger & Veatch, LLP |
| President/Shareholder | Vincent K. Snowbarger, P.A. |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers and employees

RECEIVED
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MC
(Office Use Only)

Victor Frederick SNYDER
(Full Name)

1319 Longworth HOB
Washington D.C 20515
(Mailing Address)

1-202-225-2506
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District AR 2 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Snyder — DATE (Month/Day/Year): 12 May 1997

3335

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Arkansas State Senate | Senate Salary | 12,500 |
| | Columbia Family Clinic - Little Rock, AR | Family Practitioner | 41,736 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Vic Snyder | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| None | | | |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Vic Snyder



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | BLOCK A Asset and/or Income Source | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP. | Examples. | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| DC. | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| | Founders Frontier Fund (IRA) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20th Century - Heritage Fund | | | X | | | | | | | | | | X | | | X | | | Dividend $96. Cap Gain $737. | | | | | | | | | |
| | 20th Century - Vista - Fund | | | X | | | | | | | | | | | | | X | | | Cap Gain $681. | | | | | | | | | |
| | Invesco - Europe Fund (IRA) | | | X | | | | | | | | | | | | | | | | NA (IRA) | | | | | | | | | |
| | Vanguard - Index 500 - (SEP-IRA) | | | X | | | | | | | | | | | | | | | | NA (IRA) | | | | | | | | | |
| | Vanguard - Index Tot (SEP-IRA) | | | X | | | | | | | | | | | | | | | | NA (IRA) | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vic Snyder



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|
| | | A None - $1,000; B $1,001 - $15,000; C $15,001 - $50,000; D $50,001 - $100,000; E $100,001 - $250,000; F $250,001 - $500,000; G $500,001 - $1,000,000; H $1,000,001 - $5,000,000; I $5,000,001 - $25,000,000; J $25,000,001 - $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None - $200; II $201 - $1,000; III $1,001 - $2,500; IV $2,501 - $5,000; V $5,001 - $15,000; VI $15,001 - $50,000; VII $50,001 - $100,000; VIII $100,001 - $1,000,000; IX $1,000,001 - $5,000,000; X Over $5,000,000 | |
| | Vanguard Index Total - Fund | ~~$26,564~~ → $25,023 (C) | X (Capital Gains) | Dividends - 423; Cap Gains - 707 | P |
| | Montgomery Growth - Fund | $13,819 (E) | X (Capital Gains) | Dividends - 371; Cap Gains 250 | P |
| | Montgomery Emerging Markets (IRA) | $9,016 (B) | | NA IRA | |
| | Janus - Venture Fund | $15,114 (E) | X (Capital Gains) | Dividends - 335; Cap Gains - 4,029 | P |
| | T. Rowe Price - New Asia - Fund | $13,459 (B) | X (Dividends) | Dividend $120. | P |
| | T. Rowe Price - Europe - Fund | $8,179 (B) | X (Capital Gains) | Dividend 151; Cap Gains $91 | |
| | Scudder Latin America - Fund | $2,519 (B) | X (Dividends) | Dividend $46 | |
| | Vanguard Money Market - Treasury | $8,845 (B) | X (Dividends) | Dividend $750 | |
| | US Treasury Notes | $10,000 (B) | X (Interest) | Interest $711 | |
| | Boatman's Checking | $6,000 (E) | X (Interest) | Interest $96 | |
| | Amer. Century Cash Reserve | $1,417 (B) | X (Dividends) | Dividend $124 | |
| | Valic - Stock Index Annuity | $15,707 (C) | NA (Retirement Annuity) | | |

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## SCHEDULE IV — TRANSACTIONS

Name Vic Snyder



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Vanguard Index Total | X | | (Monthly Purchase) | Automatic Dividend Reinv | X | | ($300/mo Automatic Invest) | | | | | | | |
| | Montgomery Growth | X | | (Monthly Purchase) | Automatic Dividend Reinv | X | | ($200/mo Automatic Invest) | | | | | | | |
| | Janus Venture | X | | (Monthly Purchase) | Automatic Divid. Reinv | X | | ($100/mo Automatic Invest) | | | | | | | |
| | T. Rowe Price New Asia | X | | (Monthly Purchase) | Automatic Dividend Reinvest | X | | ($100/mo Automatic Invest) | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | None | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |

**Use additional sheets if more space is required.**

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NA | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Arkansas Historical Association (No longer on Board) |
| Board Member | Historic Preservation Alliance of Arkansas (No longer on Board) |
| Board Member | Our House Shelter (No longer on Board) |
| | All three above organizations are Non profits. The service was uncompensated. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |



Use additional sheets if more space is required.

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(Office Use Only)

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

CONGRESSMAN GERALD B.H. SOLOMON
(Full Name)
2206 RAYBURN H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)
202-225-5614
Daytime Telephone

**Filer Status** [X] Member of the U.S. House of Representatives — State: NEW YORK District: 22nd — [ ] Officer or Employee — Employing Office

**Report Type** [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Gerald B.H. Solomon

**DATE** (Month/Day/Year) 5/9/97

| Name GERALD B.H. SOLOMON | Page ___ of ___ |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | OWEN DAVIES | SPOUSE - REAL ESTATE | NA |
| | NEW YORK STATE GOVERNMENT | Retirement Income | 3,451.56 |

For payments to charity in lieu of honoraria, use Schedule II.

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| Name G Edward DH Solomon | Page ___ of ___ |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name GERALD B.H. SOLOMON | Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| SP | Mega Corp Stock | X | X | X | P |
| Examples: DC | 123 Main St., Dover, Del | X | X | X | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
| | Wright-Patman Federal Credit Union – Washington, D.C. | X | X | X | |
| | Glens Falls National Bank – Glens Falls, N.Y. | X | X | X | |
| | Arrow Bank (was Glens Falls Nat'l. Bank) – Glens Falls, N.Y. | X | X | X | |
| | Fleet Bank – Glens Falls, N.Y. (was Northeast Savings Bank) | X | X | X | SOLD |
| | Trustee Bank – Glens Falls, N.Y. | X | X | X | |
| | Albany Savings Bank Stock – Glens Falls, N.Y. | X | X | X | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GERALD BH Solomon

Page . of

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nuveen Money Market Tax-Exempt Stock | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Smith Barney Shearson Money Market Stock | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Second Home Rental Income - Lake George, N.Y. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Summit Tech Inc. Stock | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | SOLD |
| | Bio Tech Inc. Stock | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | SOLD |
| | General Electric Inc. Stock | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | General Electric Inc. Stock | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | PURCHASE |
| | U.S. Treasury Notes | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | PURCHASE |
| | U.S. Treasury Notes | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | SOLD |
| | Coco Cola Inc. | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | PURCHASE |

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## SCHEDULE IV — TRANSACTIONS

Name GERALD M. SOLOMON

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Summit Tech. Inc. Stock | | X | | | X | | | | | | | | | |
| | Bio Tech Inc. Stock | | X | | | X | | | | | | | | | |
| | Fleet Bank CD's | | X | | | | | X | | | | | | | |
| | U.S Treasury Notes | X | | | | | | X | | | | | | | |
| | U.S. Treasury Notes | | X | | | X | | | | | | | | | |
| | General Electric Stock | X | | | | X | | | | | | | | | |
| | Coco Cola Stock | X | | | | X | | | | | | | | | |

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Name Gerald Solomon | Page _ of

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Citizens Mortgage Co. (Now Bank United) | Mortgage on Lake George, NY property | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
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| | | | |

**Use additional sheets if more space is required.**

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Name GERALD B.H. Solomon | Page ___ of ___

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NONE | | | | | | |

**This page may be copied if more space is required.**

| Name Gerald BH Solomon | Page of |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Board Member | Gerald B.H. Solomon - Foundation Inc. (not for profit) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 16 AM 11:32

(2)

CONGRESSMAN GERALD B.H. SOLOMON
(Full Name)

2206 RAYBURN H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)

202-225-5614
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State NEW YORK District 22nd | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year)

Gerald B.H. Solomon — 5/5/97

Gerald B.H. Solomon — 5/15/97

3353

## SCHEDULE IV — TRANSACTIONS

Name GERALD M.H. SOLOMON | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Summit Tech. Inc. Stock | | X | | 9/17/96 | X | | | | | | | | | |
| | Bio Tech Inc Stock | | X | | 9/17/96 | X | | | | | | | | | |
| | Fleet Bank CD's | | X | | 7/29/96 | | | X | | | | | | | |
| | U.S Treasury Notes | X | | | 7/30/96 | | | X | | | | | | | |
| | U.S. Treasury Notes | | X | | 9/17/96 | X | | | | | | | | | |
| | General Electric Stock | X | | | 7/30/96 | X | | | | | | | | | |
| | Coco Cola Stock | X | | | 9/17/96 | X | | | | | | | | | |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 21 AM 9:30
U.S. HOUSE OF REPRESENTATIVES

MAY 15 1997 (7)
(Office Use Only)

Mark E. Souder
(Full Name)

2427 Windsong Court
(Mailing Address)

Fort Wayne, IN 46804

Daytime Telephone
202-225-4436 DC office

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State IN District 4th | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mark E. Souder

DATE (Month/Day/Year): 5/15/97

3355

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Historic Souder's of Grabill | Guaranteed payment to partner | $1,370 |
| | Diane K. Souder - Consultant of Discovery Toys | Spouse proprietorship | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Mark E. Souder



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000 / B $1,001 – $15,000 / C $15,001 – $50,000 / D $50,001 – $100,000 / E $100,001 – $250,000 / F $250,001 – $500,000 / G $500,001 – $1,000,000 / H $1,000,001 – $5,000,000 / I $5,000,001 – $25,000,000 / J $25,000,001 – $50,000,000 / K Over $50,000,000 | DIVIDENDS / RENT / INTEREST / CAPITAL GAINS / EXCEPTED TRUST / QUALIFIED BLIND TRUST | I None – $200 / II $201 – $1,000 / III $1,001 – $2,500 / IV $2,501 – $5,000 / V $5,001 – $15,000 / VI $15,001 – $50,000 / VII $50,001 – $100,000 / VIII $100,001 – $1,000,000 / IX $1,000,001 – $5,000,000 / X Over $5,000,000 | P, S, E |
| SP | Examples: Mega Corp. Stock | D | X | | P |
| | 123 Main St., Dover, Del. | G | X | | |
| | 1st Bank of Paducah, KY accounts | E | X | | |
| | 1. Souder's General Store - Interest Partnership Activity - General Store Retail Sales Assets - Building, Inventory, Equipment & Fixtures Percentage ownership - 50.5% | C | X | Partnership income | |
| | | | | I | X |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark E. Souder



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2. Historic Souder's of Grabill | | | | X | | | | | | | | Partnership | | | | | | | | | | X | | | | | | |
| | Partnership Interest | | | | | | | | | | | | Income | | | | | | | | | | | | | | | | |
| | Activity - Real estate rental | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assets - Buildings, Furnishings & Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Percentage ownership - 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | 3. Certificate of Deposit | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Grabill Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Certificate of Deposit | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Grabill Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Grabill Bank, Grabill, Indiana | Mortgage - Historic Souder's of Grabill - Real Estate Location - Grabill, IN Ownership % - 25% | X | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | US - Thailand Business Council | Nov. 11-27 | Wash., DC - Bangkok, Thailand - Wash., DC | Y | Y | N | N |
| | Council For National Policy | Mar. 8-9 | Wash., DC - Orlando, FL - Fort Wayne, IN | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Our Country Home, Inc. |
| Managing Partner | Historic Souder's of Grabill |
| Managing Partner | Souder's General Store |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO: 1997 - 38-654 (max)

Use additional sheets if more space is required.

MARK E. SOUDER
4TH DISTRICT, INDIANA
COMMITTEES
EDUCATION AND THE WORKFORCE
GOVERNMENT REFORM AND OVERSIGHT
SMALL BUSINESS
SUBCOMMITTEE ON EMPOWERMENT
CHAIRMAN

HAND DELIVERED
97MAY 16 PM 3:39
OFFICE OF THE CLERK

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
418 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4436
DISTRICT OFFICE
U.S. FEDERAL BUILDING, ROOM 3105
1300 S. HARRISON ST.
FT. WAYNE, IN 46802
(219) 424-3041
(219) 424-4042 FAX
1-800-959-3041

May 16, 1997

1
MC

Hon. Robin H. Carle
Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Madam Clerk:

This letter is to amend my Financial Disclosure Form, Schedule VII. I filed for a trip taken to Bangkok, Thailand in 1996. The dates of travel on the form are incorrect. I would like to change them from November 11-27, 1996 to the actual dates that I travelled. Those dates are November 22-27, 1996

Please consider this as a formal amendment. Thank you for your assistance.

Sincerely,

Mark E. Souder

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:23

HAND DELIVERED
(Office Use Only)

FLOYD DAVIDSON SPENCE
(Full Name)

2405 Rayburn House Office Building
(Mailing Address)

(202) 225-2452
Daytime Telephone

Washington, DC 20515

Filer Status: [X] Member of the U.S. House of Representatives — State South Carolina District 2nd — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Floyd Davidson Spence

DATE (Month/Day/Year): May 15 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of South Carolina | Legislative Pension | $10,796 |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | N/A | N/A | N/A |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name FLOYD DAVIDSON SPENCE



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Wright Patman Federal Credit Union | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | Branch Bank & Trust | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | 100 Shares - Spence Plantation, Inc. | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | 64.838+/-Acres Real Estate Lexington, SC | | | | | | | | | | X | | | | | | X | | | X | | | | | | | | | | |
| | 16.162+/-Acres Real Estate Lexington, SC | | | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | E |
| | Advanced Auto Building Irmo, SC | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FLOYD DAVIDSON SPENCE



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Advanced Auto Bldg.,Beaufort,SC | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Carolina First Bldg.,Lex.,SC | | | | | | | | X | | | | | X | | | | | | | | | | X | | | | | E |
| | Carolina First Bldg., Georgetown, SC | | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | E |
| | Monro Muffler Bldg., Orangeburg, SC | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | E |
| | Branch Bank & Trust Intemediary A/C | | | | | | X | | | | | | | | X | | | | X | | | | | | | | | | E |
| SP | 208 Coachman Drive Lexington, SC | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | S |
| SP | Branch Bank & Trust Checking A/C | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Branch Bank & Trust Checking A/C | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Branch Bank & Trust Checking A/C | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Branch Bank & Trust Savings A/C | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Carolina First, Checking A/C | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Carolina First, Checking A/C | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Wachovia Checking A/C | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name FLOYD DAVIDSON SPENCE



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | 16.162+/-Acres R.E.,Lake Murray,Lex., SC | | | x | 04-06-96 | | | | | | | x | | | |
| | Carolina First Bldg.,Lexington, SC | | | x | 08-22-96 | | | | | | | x | | | |
| | Advanced Auto Bldg., Beaufort, SC | | | x | 01-04-96 | | | | | | x | | | | |
| | Carolina First Bldg., Georgetown, SC | | | x | 12-20-96 | | | | | | x | | | | |
| | Monro Muffler Bldg., Orangeburg, SC | | | x | 11-08-96 | x | | | | | | | | | |
| SP | 208 Coachman Drive, Lexington, SC | | x | | 11-27-96 | | | x | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Carolina First, Lexington, SC | Unsecured | | | | x | | | | | | |
| | Wachovia, Lexington, SC | Mortgage on Advanced Auto Stores | | | | | | x | | | | |
| | Wachovia, Lexington, SC | Mortgage on Carolina First Bldg., Lex.,SC | | | | | | x | | | | |
| | Wright Patman Congressional FCU | Personal - Unsecured | x | | | | | | | | | |
| | Branch Bank & Trust, Lex., SC | Mortgage - Spence Plantation | | | | x | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | N/A | N/A |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Branch Bank & Trust, Lexington, SC | Mortgage, Lake Murray Lexington, SC | | | | x | | | | | | |
| | Branch Bank & Trust, Lexington, SC | Mortgage, Advanced Auto , Irmo,SC | | | x | | | | | | | |
| | Carolina First, Lexington, SC | Mortgage, Coachman Dr., Lex., SC | | | x | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | N/A | N/A |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Spence Plantation, Inc. (Uncompensated) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1970 | State of South Carolina Retirement System | Pension |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 2:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Deborah Ann Stabenow
(Full Name)

2709 S. Deerfield
Lansing, Michigan 48911
(Mailing Address)

202-225-4872
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State Michigan District 8 | ☐ Officer or Employee | Employing Office |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☒ | No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Deborah Ann Stabenow

DATE (Month/Day/Year): May 15, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Michigan Leadership Institute, Inc. | salary | $46,700 |
| | M.S.U. Business Women's Association | honorarium | $200 |
| | National Association of Social Workers | honorarium | $1,000 |
| | Child Support Enforcement Advisory Panel | honorarium | $250 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Deborah A. Stabenow



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| | State of Michigan 401 K invested through Fidelity Investments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50% Equity Income Fund | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 50% Megellan Fund | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

9375

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Deborah A. Stabenow



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|
| | | A None - $1,000 / B $1,001 - $15,000 / C $15,001 - $50,000 / D $50,001 - $100,000 / E $100,001 - $250,000 / F $250,001 - $500,000 / G $500,001 - $1,000,000 / H $1,000,001 - $5,000,000 / I $5,000,001 - $25,000,000 / J $25,000,001 - $50,000,000 / K Over $50,000,000 | DIVIDENDS / RENT / INTEREST / CAPITAL GAINS / EXCEPTED TRUST / QUALIFIED BLIND TRUST | I None - $200 / II $201 - $1,000 / III $1,001 - $2,500 / IV $2,501 - $5,000 / V $5,001 - $15,000 / VI $15,001 - $50,000 / VII $50,001 - $100,000 / VIII $100,001 - $1,000,000 / IX $1,000,001 - $5,000,000 / X Over $5,000,000 | |
| | State of Michigan Deferred Compensation - 457 Plan | X | X | N.A. | |
| | Kemper Money Market Fund | X | X | X | |

This page may be copied if more space is required.

3376

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Suits Investments, East Lansing Michigan | loan for purchase of a car and home improvements (paid off in 1996) | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Mage Ride, Inc. (child abuse prevention fundraiser) |
| Board member | Friends of Child Abuse and Neglect Prevention, Inc. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1/1/95 | Michigan Legislative Retirement System | participation in the Michigan Legislative Retirement health program |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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3379

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Fortney Pete Stark
(Full Name)

239 Cannon Bldg
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5065

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State District: CA 13 | Officer or Employee | Employing Office: |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date: |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes X | No |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes X | No |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes X | No |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes X | No |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes X | No |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes X | No |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes X | No |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | No X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes | No X |
| **EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes | No X |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Pete Stark

DATE (Month/Day/Year): 5/14/97

| Name Fortney Pete Stark | Page 1 of 8 |
|---|---|

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civ., War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Deborah R. Stark, Consulting Fees | Spouse Professional Fees | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| Interhealth, St Paul, MN | Speech | 4/30/96 ~~1/30/99~~ | $ 500 |
| Amer. Soc. of Anathesiologists, Wash., DC | Speech | 6/11/96 ~~1/30/99~~ | $ 2,000 |
| Amer. College of Cardiology, Bethesda, MD | Speech | 9/29/96 ~~1/30/99~~ | $ 1,000 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| For further information, see instructions, pages 14-20. | | | | | |
| SP<br>DC *Examples*<br>JT | SP | Mega Corp Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | | Rental House 2nd St ,SE, Wash., DC | $250,001 - $500,000 | Rent | $15,001 - $50,000 | |
| | | Aardonie Oil Partnership, Texas | None - $1,000 | Royalty | None - $200 | |
| | | Chas. Schwab CMA | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | | Chas. Schwab CMA | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| | | Note from Stark Inv. Co., LP | $250,001 - $500,000 | Interest | $15,001 - $50,000 | |
| | | Federal Realty Invest. Trust | None - $1,000 | Capital Gains and Dividends | $2,501 - $5,000 | S |
| | | *Assets of Stark Investment Co., LP (Aprox. 44% interest) | | | | |
| | | *Multitenant warehouse, Littlefield Dr., South | $5,000,001 - $25,000,000 | Rent | $100,001 - $1,000,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | SanFrancisco,CA | | | | |
| | *Richey Oil Co.,Texas | $15,001 - $50,000 | Royalty | $5,001 - $15,000 | |
| | *Eldorado Indus. Park (Vacant Land) Stocton, CA | None - $1,000 | Rent | None - $200 | |
| | *Whitney Development Co.,Lafayette<CA | None - $1,000 | Misc. | None - $200 | |
| | *Damson Oil Co., Texas | None - $1,000 | Royalty | None - $200 | |
| DC | 20th Century Giftrust(Mutual Fund) | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| | * Note from Jeffrey Stark | $15,001 - $50,000 | Interest | None - $200 | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | Federal Realty Invest Trust | Sold | 8/2/96 | $15,001 - $50,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* - First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Virginia First Savings Bank | Mortgage on 2nd St SE, Wash., DC | $100,001 - $250,000 |
| | Nations Bank, MD | Mortgage on 2nd St SE, Wash., DC | $50,001 - $100,000 |
| SP | Obligations of Stark Investment Co., LP | | |
| | *Confederation Life Ins. Co | Mortgage on South San Francisco warehouse | $5,000,001 - $25,000,000 |
| | *Bernard Litchfield | Note | $50,001 - $100,000 |
| | *Fremont Bank, CA | Note | $100,001 - $250,000 |

Name Fortney Pete Stark | Page 7 of 8

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar.2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug.6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| The Aspen Institute Cong. Program | May 24-28 | Wash.,DC-Bermuda-Wash.,DC | Y | Y | Y | No |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Pres. and Director | Stark Investment Company, Inc., Fremont CA |
| President and Director | Pete Stark Foundation, Fremont, CA |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 14 PM 4:09

(12)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Clifford B. Stearns
(Full Name)

332 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-5744

MC
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State FL District 06 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Clifford B. Stearns

DATE (Month/Day/Year): May 14, 1997

3388

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Stearns House, Inc | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| Association for Local Television (ALTV), 320 19th Street, NW, Washington, DC -- Charity/MAD DADS, Ocala, Fl. | Speech | 5/14/96 | $ 500 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|
| For further information, see Instructions, pages 14-20 | | | | |
| SP<br>DC *Examples:*<br>JT | SP Mega Corp Stock<br>SP 123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Barnett Bank, Ocala, Fl | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| | Congressional Federal Credit Union | $1,001 - $15,000 | Interest | $1 - $200 | NA |
| | SunTrust, Ocala, Fl | $1,001 - $15,000 | NA | NA | NA |
| | Dean Witter Liquid Asset Fund | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |
| | T. Rowe Price Equity Index | $15,001 - $50,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Mid-Cap Growth | $1,001 - $15,000 | Capital Gains | $201 - $1,000 | NA |
| | T. Rowe Price New Horizons | $1,001 - $15,000 | Capital Gains | $201 - $1,000 | P |
| | T. Rowe Price Spectrum Growth | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price GNMA | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | T. Rowe Price High Yield | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Spectrum Income | $1,001 - $15,000 | Capital Gains and Dividends | $1 - $200 | NA |
| | T. Rowe Price Summit Cash Reserves | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| SP | SunTrust Bank, Ocala, Fl (IRA) (Money Funds) | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| | SunTrust Bank, Ocala, Fl (IRA) (Money Funds and Gov't Securities) | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| | Trust Under the Will of Emily Stearns for the sole benefit of the Children of Clifford B. Stearns | | | | |
| | Suntrust Bank | $1,001 - $15,000 | Interest | $1 - $200 | NA |
| | Dean Witter Liquid Asset Fund | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |
| | U.S. Treasury Note | $15,001 - $50,000 | Interest | $2,501 - $5,000 | NA |
| | AT&T Bonds | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| | Key Corp Stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | T. Rowe Price New Income | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price High Yield | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price GNMA | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Equity Index | $15,001 - $50,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Mid-Cap Growth | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Spectrum Growth | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | NA |
| | T. Rowe Price Spectrum Income | $1,001 - $15,000 | Capital Gains and Dividends | $1 - $200 | P |
| | T. Rowe Price Science and Tech | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| | T. Rowe Price Prime Reserve Money | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| | Vanguard Star Fund | $1,001 - $15,000 | Capital Gains and Dividends | $1 - $200 | NA |
| | Fidelity Magellan | $1 - $1,000 | Capital Gains and Dividends | $1 - $200 | S |
| | 71.70% Interest, Silver Springs Inn, Ltd., a Parnership, Silver Springs, FL (cash, mtg. receivable, loan costs, and debt) | $100,001 - $250,000 | Interest (Gross) | $50,001 - $100,000 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| (Silver Springs Inn, Ltd. cont'd) | | Memo: Int. (Net of Int. Exp.) | $15,001 - $50,000 | |
| (Silver Springs Inn, Ltd. cont'd) | | Capital Gains and Dividends | $5,001 - $15,000 | |
| 53.34% Interest, Rock Creek, Ltd., a Partnership, Silver Springs, FL (cash and mtg. receivable) | $50,001 - $100,000 | Interest (Gross) | $2,501 - $5,000 | NA |
| (Rock Creek, Ltd. cont'd) | | Memo: Int. (Net of Int. Exp.) | $2,501 - $5,000 | |
| (Rock Creek, Ltd. cont'd) | | Capital Gains and Dividends | $201 - $1,000 | |
| 38.05% Interest, Potomac Park, Inc., an S Corp., Silver Springs, Fl (cash, mtg. receivable, and debt) | $1 - $1,000 | Interest (Gross) | $15,001 - $50,000 | NA |
| (Potomac Park, Inc. cont'd) | | Memo: Int. (Net of Int. Exp.) | $1 - $200 | |
| (Potomac Park, Inc. cont'd) | | Capital Gains and Dividends | $1,001 - $2,500 | |
| (Potomac Park, Inc. cont'd) | | Ordinary Income from S Corp. | $201 - $1,000 | |
| 100% Interest, First Silver Springs, Inc., a C Corporation, Silver Springs, Fl (cash, receivable and debt) | $500,001 - $1,000,000 | NA | | NA |
| 100% Interest, Stearns House, Inc., an S Corp., Silver Springs, Fl (cash, receivable, and furniture) | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| (Stearns House, Inc. cont'd) | | Ordinary Income from S Corp. | $15,001 - $50,000 | |
| Rental Building (Restaurant), 5545 E. Silver Springs Blvd., Silver Springs, Fl | $250,001 - $500,000 | Rent (Gross) | $15,001 - $50,000 | NA |
| (Rental Building cont'd) | | Memo: Rent (Net of Expenses) | $1 - $200 | |
| Rental Building (Office), 2950 N.E. 55th Avenue, Silver Springs, Fl | $50,001 - $100,000 | Rent (Gross) | $5,001 - $15,000 | NA |
| (Rental Building cont'd) | | Memo: Rent (Net of Expenses) | $5,001 - $15,000 | |
| Mortgage Receivable, Shri Natjhi, Inc., Silver Springs, Fl (sale of triplex). Note: The entire sale was reported in a preceding year. The proportionate gain on the mortgage principal collection is reported this year | $50,001 - $100,000 | Interest | $5,001 - $15,000 | NA |
| (Mortgage Receivable, Shri Natjhi, Inc. cont'd) | | Capital Gains | $1,001 - $2,500 | |
| Note Recewable, Silver Springs Inn, Ltd., Silver Springs, Fl | $50,001 - $100,000 | Interest | $5,001 - $15,000 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Vanguard Asset Allocation Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| McDonalds Corp. | $1 - $1,000 | Dividends | $1 - $200 | P |
| The Coca-Cola Company | $1,001 - $15,000 | Dividends | $1 - $200 | P |
| IBM, Inc. | $1,001 - $15,000 | Dividends | $1 - $200 | P |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | T Rowe Price Equity Index | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Mid-Cap Growth | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price New Horizons | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Spectrum Growth | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Spectrum Income | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Summit Cash Reserves | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Summit Cash Reserves | Sold | Multiple | $1,001 - $15,000 |
| | Trust Under the Will of Emily Stearns for the sole Benefit of the Children of Clifford B Stearns | | | |
| | T Rowe Price Spectrum Income | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Science & Tech | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Prime Reserve Money | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Mid-Cap Growth | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | T Rowe Price Spectrum Growth | Purchase | Multiple purchases with dividend reinvestments | $1,001 - $15,000 |
| | Fidelity Magellan | Sold | 09/04/96 | $1,001 - $15,000 |
| | Vanguard Asset Allocation Fund | Purchase | 02/06/96 | $1,001 - $15,000 |
| | The Coca-Cola Company | Purchase | 02/06/96 | $1,001 - $15,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | IBM, Inc | Purchase | 02/06/96 | $1,001 - $15,000 |
| | McDonald's Corp | Purchase | 02/06/96 | $1 - $1,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | SunTrust Bank, Ocala, Fl | Mortgage on restaurant, Silver Springs, Fl | $15,001 - $50,000 |

## SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

| Source | | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| | Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Awakening '96, Sea Island, GA - Speech | | 1/6-1/8/96 | Wash., D.C.-Sea Island-Wash., D.C. | Y | Y | Y | 3 Days, Children |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| General & Limited Partner | Silver Springs Inn, Ltd. |
| General & Limited Partner | Rock Creek Park, Ltd. |
| President | Potomac Park, Inc. |
| President | First Silver Springs, Inc. |
| President | Stearns House, Inc. |

**CLIFF STEARNS**
6TH DISTRICT, FLORIDA

WASHINGTON:
2352 RAYBURN BUILDING
WASHINGTON, DC 20515-0906
(202) 225-5744
FAX: (202) 225-3973
cstearns@hr.house.gov
http://www.house.gov/cstearns/welcome.html

HAND DELIVERED

# Congress of the United States
## House of Representatives
Washington, DC 20515-0906

COMMITTEE ON COMMERCE
SUBCOMMITTEE:
TELECOMMUNICATIONS, AND CONSUMER PROTECTION
ENERGY AND POWER

TASK FORCE: CHAIRMAN
HEALTH RECORDS AND GENETIC PRIVACY

COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE: CHAIRMAN
HEALTH

REPUBLICAN POLICY COMMITTEE

196

May 14,1997

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97 MAY 14 PM 5:28
U.S. HOUSE OF REPRESENTATIVES
CLERK

The Honorable Robin H. Carle
Clerk
U.S. House of Representatives
H154, The Capitol
Washington, DC 20515

Dear Ms Carle:

Enclosed herewith is my 1996 Financial Disclosure Statement. In preparing the 1996 statement it came to my attention that my 1995 statement listed an item on page 4, Schedule III which should not have been reported. The item Mortgage Receivable, Colony Reef/Ocala Investment, Inc., Ocala, FL was paid in full in 1995, and was therefore inadvertently listed on the statement.

This letter will serve to amend my 1995 Financial Disclosure Statement.

If you have any questions, or need further clarification, please let me know.

Sincerely,

Cliff Stearns
United States Representative

☐ OCALA
115 S.E. 25TH AVENUE
OCALA, FL 34471
(352) 351-6777

☐ ORANGE PARK
1726 KINGSLEY AVE., #6
ORANGE PARK, FL 32073
(904) 269-3263

PRINTED ON RECYCLED PAPER

☐ LEESBURG
734 NORTH 3RD STREET
SUITE 817C
LEESBURG, FL 34748
(352) 326-8286

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(12)
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

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**UNITED STATES HOUSE OF REPRESENTATIVES**
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

Charles W. Stenholm
(Full Name)

1211 Longworth HOB
(Mailing Address)

Washington TX 20515

Daytime Telephone: 202-225-6605

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U S House of Representatives | State TX District 17 | [ ] Officer or Employee | Employing Office: | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U S C 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Charles W. Stenholm

**DATE** (Month/Day/Year) 5-15-97

3401

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Altomar, Inc. | Spouse salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see instructions, pages 13-14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D C | Speech | Feb 2, 1994 | $2,000 |
| XYZ Magazine | Article | Aug 13, 1994 | $500 |
| Monsanto Leadership Training Program, Washington, D C | Speech | 1/22/96 | $ 1,000 |
| Christian Life Comm - S Baptist Conv | Speech, Wash ,D C | 3/5/96 | $ 150 |
| Labor Policy Assoc., Inc , Williamsburg, Va | Panel Participant | 3/16/96 | $ 2,000 |
| Washington Campus, Washington, D C | Speech | 3/19/96 | $ 500 |
| Washington Campus, Washington, D C. | Speech | 3/27/96 | $ 500 |
| The Connell Company, Westfield, N J | Speech | 5/13/96 | $ 2,000 |
| Tex Society of CPAs, San Antonio,Tx | Speech | 6/7/96 | $ 250 |
| Washington Campus, Washington, D.C. | Speech | 6/11/96 | $ 500 |
| Washington Campus, Washington, D C. | Speech | 7/22/96 | $ 500 |
| Washington Campus, Washington, D C | Speech | 9/25/96 | $ 500 |
| Washington Campus, Washington, D C | Speech | 11/19/96 | $ 500 |
| Amer Council for Capital Formation, Wash , D C | Speech | 12/5/96 | $ 2,000 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| For further information, see Instructions, pages 14-20 | | | | |
| SP, DC, JT *Examples.* SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT Independent Bank Shares | $1,001 - $15,000 | Dividends | None - $200 | |
| JT Ericksdahl Co-Op gin | $1,001 - $15,000 | Dividends | None - $200 | |
| JT Jones-Haskell Grain Co-Op | $1,001 - $15,000 | Dividends | None - $200 | |
| JT Stamford Electric Co-Op | $1,001 - $15,000 | Dividends | None - $200 | |
| JT Plains Cotton Co-Op | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT RollingPlainsCoOpCompress | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT S&SFeeders-50% partnership | None - $1,000 | Ordinary income | None - $200 | |
| JT OkOil&GasLmtPrtnrship | $1,001 - $15,000 | Oil & gas royalties | None - $200 | |
| | | | | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | OkOil&GasLmtPrtnrship | $1,001 - $15,000 | Oil & gas royalties | None - $200 | |
| SP | DessaCarmenWatson estate (see page 12) | $100,001 - $250,000 | Oil&gasRoyalties,ordinary incom | $2,501 - $5,000 | |
| | Cynthia A. Stenholm(trust) | | | | |
| JT | First State Bank,Stamford,Tx | $1,001 - $15,000 | Interest | None - $200 | |
| JT | First Virginia Bank | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Cong. Fed. Credit Union | $1,001 - $15,000 | Interest | None - $200 | |
| JT | 8300 John Deere tractor | $50,001 - $100,000 | Ordinary Income | $15,001 - $50,000 | |
| JT | 1994 Buick LeSabre | $1,001 - $15,000 | Ordinary Income | $5,001 - $15,000 | |
| JT | 401 K - House of Rep. | $15,001 - $50,000 | Interest, other | $2,501 - $5,000 | |
| JT | IRA (Investors Diversif.Serv.) | $50,001 - $100,000 | Interest, other | $5,001 - $15,000 | |
| JT | 840 acres-Jones Cty., Tex. | $250,001 - $500,000 | Rent,ag pgm,ordinary inc,other | | |
| | (farmland,buildings,eqpment) | | | | |
| | Rent | | Rent | $15,001 - $50,000 | |
| | USDA | | Ag prgm payment-CCC | $2,501 - $5,000 | |
| | Crop Insurance | | Other | $2,501 - $5,000 | |
| | Other | | Ordinary Income | $2,501 - $5,000 | |
| JT | DoubleS.Farms,Inc(50%stock | $100,001 - $250,000 | Dividends | None - $200 | |
| SP | 75 acres-Wheeler,Cty.,Tx. | $15,001 - $50,000 | Oil&Gas royalties,ag program | | |
| SP | Oil&gas interests | $15,001 - $50,000 | Oil&Gas royalties | $2,501 - $5,000 | |
| | (Chvrn,Txaco,WolfCreek | | | | |
| | Energy,DKM Resourcesinc | | | | |
| | Bison PetroleumCorp,Axis | | | | |
| | Energy Corp,TGX) | | | | |
| | USDA | None - $1,000 | Ag prgm payment-CRP | $201 - $1,000 | |
| JT | S&S Enterprises 40.5 acres | $15,001 - $50,000 | Ordinary income | None - $200 | |
| JT | Residence,Arlington,Va. | $250,000-$500,000 | | None | |

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## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | NONE | | | |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| JT | 1st Nat.Bank,Sweetwater,Tx. | Personal | $15,001 - $50,000 |
| JT | Fed. Land Bank,Haskell, Tx. | Business - Farmland | $15,001 - $50,000 |
| JT | Equitable Life Assurance | Business - Farm | $50,001 - $100,000 |
| JT | Rolling Plains Production Cr. | Business - Farm | $50,001 - $100,000 |
| JT | Double S. Farms, Inc. | Business - Farm | $15,001 - $50,000 |
| JT | First State Bank,Stamford,Tx. | Business - Farm | $50,001 - $100,000 |

## SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | $ |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

| Source | Date(s) | Point of Departure–Destination–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar.2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Nat. Assoc. Wheat Growers | 2/9-10/96 | Wash D.C.-Reno-Abilene, Tx. | Y | Y | N | No |
| Labor Policy Assoc | 3/15-16/96 | Wash D.C.-Williamsburg,Wash. | Y | Y | Y | No |
| The Connell Company | 5/13/96 | Wash D.C.-Westfield,N.J.-Wash. | N | Y | N | No |
| Tx. Soc. of C.P.A.'s | 6/6-7/96 | Dallas-San Antonio-Dallas | Y | Y | N | No |
| American Sugar Alliance | 8/17-19/96 | Abilene-Traverse City | Y | Y | Y | No |
| Alabama Peanut Producers | 8/19-21/96 | Traverse City-Dothan, D-FW | Y | Y | Y | No |
| Danny Thompson Mem.Golf | 8/21-25/96 | D-FW-Sun Valley-Chicago | N | N | Y | Member paid lodging,food,travel |
| Nat.Coun.Comm.Hospitals | 11/7-10/96 | Abil.-Pebble Beach-Wash.,D.C. | Y | Y | Y | No |
| Farmland Industries | 12/3-4/96 | Abil.-Kansas City-Wash.D.C. | Y | Y | N | No |
| | | | | | | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| President | Double S Farms |
| Partner | S & S Feeders |
| Partner | S & S Enterprises |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |

SCHEDULE III-ASSETS AND "UNEARNED" income (continued from page 5)

Additional information on Cynthia Ann Stenholm (spouse) - Dessa Carmen Watson estate

| | |
|---|---|
| Fixed common trust funds, NCNB, Abilene | $ 50,001 - $100,000 |
| Equity common trust funds, NCNB, Abilene | 1,001 - 15,000 |
| Money market funds, NCNB, Abilene | None - 1,000 |
| 1/2 interest rent house-Dumas, Texas | 1,001 - 15,000 |
| 1/4 interest Lot 27, Block 1, Stamford, Tex. | None - 1,000 |
| 1/6 interest Vaugnn & Jett Survey,Taylor Cty, Tex. | 100,000 - 250,000 |
| Mineral assets, Wheeler Cty, Texas | 100,000 - 250,000 |

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3413

**UNITED STATES HOUSE OF REPRESENTATIVES**
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

Form A
For use by Members, officers, and employees

Charles W. Stenholm
(Full Name)

1211 Longworth HOB
(Mailing Address)

Washington TX 20515

Daytime Telephone: 202-225-6605

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: TX District: 17 | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|
| Charles W. Stenholm | 5-15-97 |
| Charles W. Stenholm | 6-5-97 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | OkOil&GasLmtPrtnrshIp | $1,001 - $15,000 | Oil & gas royalties | None - $200 | |
| SP | DessaCarmenWatson estate (see page 12 | $100,001 - $250,000 | Oil&gasRoyalties,ordinary incom | $2,501 - $5,000 | |
| | Cynthia A Stenholm(trust) | | | | |
| JT | First State Bank,Stamford,Tx | $1,001 - $15,000 | Interest | None - $200 | |
| JT | First Virginia Bank | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Cong Fed Credit Union | $1,001 - $15,000 | Interest | None - $200 | |
| JT | 8300 John Deere tractor | $50,001 - $100,000 | Ordinary Income | $15,001 - $50,000 | |
| JT | 1994 Buick LeSabre | $1,001 - $15,000 | Ordinary Income | $5,001 - $15,000 | |
| JT | 401 K - House of Rep | $15,001 - $50,000 | Interest, other | $2,501 - $5,000 | |
| JT | IRA (Investors Diversif Serv ) | $50,001 - $100,000 | Interest, other | $5,001 - $15,000 | |
| JT | 840 acres-Jones Cty , Tex | $250,001 - $500,000 | Rent,ag pgm,ordinary Inc,other | | |
| | (farmland,buildings,eqpment) | | | | |
| | Rent | | Rent | $15,001 - $50,000 | |
| | USDA | | Ag prgm payment-CCC | $2,501 - $5,000 | |
| | Crop Insurance | | Other | $2 501 - $5,000 | |
| | Other | | Ordinary Income | $2,501 - $5,000 | |
| JT | DoubleS Farms,Inc(50%stock | $100,001 - $250,000 | Dividends | None - $200 | |
| SP | 75 acres-Wheeler,Cty ,Tx | $15,001 - $50,000 | Oil&Gas royalties,ag program | | |
| SP | Oil&gas Interests | $15,001 - $50,000 | Oil&Gas royalties | $2,501 - $5,000 | |
| | (Chvrn,Texaco,WolfCreek | | | | |
| | Energy,DKM ResourcesInc | | | | |
| | Bison PetroleumCorp,Axis | | | | |
| | Energy Corp,TGX) | | | | |
| | USDA | None - $1,000 | Ag prgm payment-CRP | $201 - $1,000 | |
| JT | S&S Enterprises 40 5 acres, Jones County, Tx | $15,001 - $50,000 | Ordinary Income | None - $200 | |
| JT | Residence,Arlington,Va. | $250,000-$500,000 | | None | |

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## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| JT | 1st Nat Bank,Sweetwater,Tx | Personal-Okla. Oil & Gas Limited Partnership | $15,001 - $50,000 |
| JT | Fed Land Bank,Haskell, Tx | Business - Farmland 40.5 acres, Jones City, Tx. | $15,001 - $50,000 |
| JT | Equitable Life Assurance | Business - Farm 840 acres, " " | $50,001 - $100,000 |
| JT | Rolling Plains Production Cr | Business - Farm general Farm Operations | $50,001 - $100,000 |
| JT | Double S Farms, Inc | Business - Farm " " " | $15,001 - $50,000 |
| JT | First State Bank,Stamford,Tx | Business - Farm Tractor - 8300 John Deere | $50,001 - $100,000 |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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Louis Stokes
(Full Name)

2365 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-7103

HAND DELIVERED

| Filer Status | | | | | |
|---|---|---|---|---|---|
| | X | Member of the U.S. House of Representatives | State: OH District: 11 | | Officer or Employee |
| Report Type | X | Annual (May 15) | | | Amendment |

Employing Office

Termination Date

Termination

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

Name Louis Stokes | Page ___ of ___

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | | | |
| | Long & Foster Realtors, Bethesda, Md. | Spouse Salary | NA |
| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

Name Louis Stokes | Page ____ of ____

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| SP.<br>DC.<br>JT. | *Examples:* SP Mega Corp. Stock<br>SP 123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | | | | | |
| | | | | | |
| | Wright-Patman Congressional | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| | Citizens Bank of Maryland | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| | 3611 Chelton Road, Shaker Heights, Ohio | $50,001 - $100,000 | Rent | $5,001 - $15,000 | NA |
| | | | | | |

Name Louis Stokes | Page of

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | | | |
| | Leader Mortgage Co., Cleveland, Ohio | Mortgage on 3611 Chelton Rd., Shaker Heights, Ohio | $15,001 - $50,000 |
| | Sears Financial Corp. | Mortgage on 3611 Chelton Rd., Shaker Heights, Ohio | $15,001 - $50,000 |
| | | | |

Name Louis Stokes | Page ____ of ____

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug.6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| | | | | | | N |
| National Black Nurses Assn. | Aug. 2-3 | Wash.,D.C.-Chicago-Wash.,D.C. | Y | Y | N | N |
| Honda Capitol City Classics Foundation | Aug. 31 | Wash.,D.C.-Columbus-Cleveland | N | Y | N | N |
| Dayton Ohio Branch NAACP | Oct. 11 -12 | Cleveland - Dayton - Cleveland | Y | Y | N | N |

| Name Louis Stokes | Page of |
|---|---|

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Trustee | The Martin Luther King, Jr. Center for Social Change |
| Board Member | Congressional Black Caucus Foundation |
| Chairman of the Board | Black Elected Democrats of Cleveland, Ohio (BEDCO) |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, Officers, and Employees

97 APR 24 PM 1:43

Ted Strickland
PO Box 580
Lorain, OH 44052

Name

Mailing Address

202-225-5705
Daytime Telephone

HAND DELIVERED

(5)

Filer Status: ☑ Filer is a U.S. House Representative — State: OH — District: 13 — ☐ Office or Employee — Employing Office

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| Did you, your spouse, or your dependent children receive income (e.g. salaries) in excess of $200 from outside employment during the reporting period? If yes, complete and attach Schedule I. | Yes ☑ | No ☐ |
| Did any honoraria or gifts (other than those accepted by relatives) aggregating in excess of $250 accrue to you during the reporting period? If yes, complete and attach Schedule II. | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child receive "unearned" income in excess of $200 in the reporting period (e.g. interest, dividends, royalties, rents, and capital gains)? If yes, complete and attach Schedule III. | Yes ☑ | No ☐ |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any real property worth more than $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child have any reportable liabilities (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child receive any reportable gifts (other than those accepted by relatives) aggregating more than $250 during the reporting period? If yes, complete and attach Schedule VI. | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child receive any reportable reimbursements (other than those accepted by relatives) aggregating more than $250 during the reporting period? If yes, complete and attach Schedule VII. | Yes ☑ | No ☐ |
| Did you, your spouse, or a dependent child have any reportable agreements or arrangements? If yes, complete and attach Schedule VIII. | Yes ☐ | No ☑ |
| Did you have any reportable agreement or arrangement with your former employer? If yes, complete and attach Schedule IX. | Yes ☐ | No ☑ |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" (see form for definitions). Have you excluded from this report details of such a trust pertaining you, your spouse, or dependent child? See instructions, page 10-11. | Yes ☐ | No ☑ |
| EXEMPTION—Have you excluded from this report any other assets, unearned income, liabilities, or transactions of yours, your spouse, or dependent child because they meet all three tests for exemption? See instructions, page 10. | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct of the House. Any individual who knowingly and willfully falsifies or knowingly and willfully fails to file a statement may be subject to civil penalties and criminal sanctions (see 5 U.S.C. app. § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ted Strickland

DATE (Month, Day, Year): 4/24/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Shawnee State University | Salary | 22,446.99 |
| | State of Ohio - Rehabilitation & Corrections | Salary | 18,849.50 |
| | Smith Educational Enterprises, Inc. | Spouse | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | | | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| JT | | | Savings Acct - National City Bank | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | | | IRA - National City Bank | | | X | | | | | | | | | | | X | | | | | | X not self-directed | | | | | | | |
| JT | | | Certificate of Deposit - National City Bank | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | S |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Ted Strickland



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | Certificate of Deposit | | X | | 8-24-96 | X | | | | | | | | | |
| JT | Certificate of Deposit | | X | | 12-13-96 | | X | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Pennsylvania Psychological Assn. | June 20 | Columbus — Philadelphia - Columbus | N | N | N | N |

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(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 14 AM 10: 21

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

BOB STUMP
(Full Name)

211 Cannon House Office Building
(Mailing Address)

Washington, D.C.

Daytime Telephone 202-225-4576

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State Arizona District Third | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [XX] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [XX] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [XX] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [XX] |
| VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [XX] |
| VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [XX] | No [ ] |
| IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [XX] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

3427

| Name | BOB STUMP | Page 2 of 5 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Stump Farms<br>***This is an estimate. I have an extension, and have not yet filed my 1996 income taxes. | Farm Income | $30,000*** |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB STUMP



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

| A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | X | | | | | | | | |
| | | | | | | X | | | | |
| | | | | X | | | | | | |
| | | | | | | X | | | | |
| | | X | | | | | | | | |
| X | | | | | | | | | | |
| | | X | | | | | | | | |
| | | | | | | | | | | |

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

| DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST |
|---|---|---|---|---|---|
| X | | | | | |
| | X | | | | |
| | | X | | | |
| | | | | | |
| | | X | | | |
| | | X | | | |
| | | X | | | |
| | | X | | | |
| | | X | | | |
| | | X | | | |

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

| I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | X | | | | | | | | |
| | | | | | | | | | |
| | | | X | | | | | | |
| | | | | | | X | | | |
| X | | | | | | | | | |
| | | X | | | | | | | |
| X | | | | | | | | | |
| | | | X | | | | | | |
| | X | | | | | | | | |
| | | X | | | | | | | |

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | |
|---|---|
| SP, DC, JT | P, S, E |
| | P |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock |
| | | | 123 Main St., Dover, Del. |
| | | | 1st Bank of Paducah, KY accounts |
| | | | Stump Farms |
| | | | Bank One AZ Accts, Tolleson |
| | | | First Federal Credit Union Accts - Phoenix, AZ |
| | | | Wright Patman Congressional Federal Credit Union |
| | | | Life Ins: Union Bankers Ins. |
| | | | |
| | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB STUMP

Page 4 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Stock: County Bank | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | American Airlines | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Tenneco | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Delta Airlines | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Federal Resources | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | T. G. Shaw Properties | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Seligman Comm & Info Fund/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRAs: Prudential Bache | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | America West Airlines | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Northgate Exploration | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Money Mart Assets | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

This page may be copied if more space is required.

| Name | BOB STUMP | Page 5 of 5 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Owner | Stump Farms |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 11: 22
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

Bartholomew (Bart) T. Stupak
(Full Name)

4101 Michigan Shores
(Mailing Address)

(202) 225 4735
Daytime Telephone

Menominee, MI 49858

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State Michigan District 01 | [ ] Officer or Employee — Employing Office |
| Report Type | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [XX] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [XX] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [XX] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [XX] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [XX] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [XX] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [XX] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [XX] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bart T. Stupak

DATE (Month/Day/Year): April 29, 1997

3432

| Name Bartholomew (Bart) T. Stupak | Page 2 of 6 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Michigan - Michigan State Police | Disability Retirement | $14,385.99 |
| | City of Menominee, Michigan (Spouse - Mayor's salary) | Spouse salary | 1,225.04 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Bartholomew (Bart) T. Stupak | Page 3 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples | SP | Mega Corp. Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | Bart T. Stupak, PC (stock) | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | | | Office 817 Ninth Ave., Menominee, MI | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | | | Home 4101 Michigan Shores, Menominee, MI | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| JT | | | Savings Acct. ~Stephenson Nat'l Bnk. | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | | | Savings Acct. ~Northern Michigan National Bank | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | | | Lot 4, Michigan Shores Subdivision Menominee, MI | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

Name Bartholomew (Bart) T. Stupak | Page 4 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Stephenson Nat'l Bank, Marinette, WI | Mortgage - 817 9th Ave. Menominee, MI | | XX | | | | | | | | |
| JT | First Nat'l Bank of Menominee (MI) | Mortgage - 4101 Michigan Shores, Menominee, MI | | | | XX | | | | | | |
| | Northwestern Mutual Insurance Co. | Loan from personal life insurance policy | XX | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| MIchigan Assoc. of Broadcasters | | 8/20-22/96 | Menominee, MI. to Mackinac Island to Menominee, MI | Y | Y | Y | N |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Owner / Director | Bart T. Stupak, PC |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
97 MAY 13 AM 10: 32
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(5)

JOHN E. SUNUNU
(Full Name)

44 BUTTONWOOD ROAD
(Mailing Address)

BEDFORD, NH 03110

Daytime Telephone (603) 472 5327

MC HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State NH District I | ☐ Officer or Employee — Employing Office |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | ☑ | ☐ |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | ☐ | ☑ |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | ☑ | ☐ |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | ☑ | ☐ |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | ☐ | ☑ |
| VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | ☐ | ☑ |
| VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | ☐ | ☑ |
| VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | ☐ | ☑ |
| IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | ☐ | ☑ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | ☐ | ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | ☐ | ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John E. Sununu

DATE (Month/Day/Year) 5-12-97

3438

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | JHS ASSOCIATES LTD., SALEM, NH | SALARY | 48,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN E. SUNUNU



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples.* SP | Mega Corp. Stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | FIRST NH BANK, NH ACCOUNTS | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | IRA - FIDELITY MAGELLAN FUND | | | X | | | | | | | | | | | | | | X | | | | X | | | | | | | | |
| | IRA - FIDELITY LAT. AMER. FUND | | | X | | | | | | | | | | | | | | X | | | | X | | | | | | | | |
| | IRA - FIDELITY BROKERAGE - NYN STOCK | | | X | | | | | | | | | | X | | | | X | | X | | | | | | | | | | |
| | IRA - FIDELITY CASH RESERVES | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN E. SUNUNU



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | |
| | COMMON STOCK - MOT | X | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| | PREFERRED STOCK - RNPC | X | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name JOHN E. SUNUNU | Page 5 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | COMMON STOCK – MOT | | X | | 12-10-96 | X | | | | | | | | | |
| | PREFERRED STOCK – RNPC | | X | | 12-30-96 | X | | | | | | | | | |

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3442

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 20 PM 12:09

MAY 15 1997

MC (Office Use Only) 10

James M. Talent
(Full Name)

15739 Cedarmill Drive
(Mailing Address)

Chesterfield Missouri 63017
Daytime Telephone (314) 872-9561

Filer Status: [X] Member of the U.S. House of Representatives — State Missouri District Second — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James M. Talent

DATE (Month/Day/Year): 05/15/97

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Washington University Law School | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | | | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | | | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| SP<br>DC *Examples*<br>JT | SP | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT | | Merrill Lynch CMA Money Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | | Giant Food Inc. Stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | | Chase Manhattan Corp. Stock (received in exchange for Chemical Bank stock) | $1,001 - $15,000 | Dividends | None - $200 | E |
| JT | | Exxon Corp. Stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| JT | | Wal Mart Stores Inc. Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| JT | | Avon Products Inc. Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| JT | | Royal Dutch Petroleum Stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | | Merrill Lynch Senior Floating Rate Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | CIFRA C COPN Stock | None - $1,000 | | | |
| JT | Health-Chem Corp Stock | None - $1,000 | | | |
| JT | Missouri State Pension | $15,001 - $50,000 | | | |
| JT | CGM Mutual Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| | Boatmen's Nat'l Bank Accounts | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | Fidelity Puritan Fund (IRA) | $1,001 - $15,000 | | NA | |
| | Oppenheimer High Yield Fund (IRA) | $1,001 - $15,000 | Dividends | NA | |
| JT | Vanguard GNMA Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Bryan Cave SELF (formerly part of partnership interest) | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Southwest Gas Corp Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| JT | Wendy's Int'l Inc Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| JT | Rockwood School District Bond | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Tigera Group Stock (meets reporting requirements this year) | | Capital Gains | $201 - $1,000 | S |
| JT | John Hancock Regional Bank Fund Class B | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | P |
| JT | UTS Mo Insd Muni #66 | $1,001 - $15,000 | Interest | None - $200 | |
| JT | Mo St Hlth & Ed Fac Bonds | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Mo St HSG DV Comm GNMA Bonds | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Merrill Lynch Global Allocation Fund | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | |
| SP | Fidelity Cash Reserves (IRA) | $1,001 - $15,000 | | NA | |
| | Fidelity Cash Reserves (IRA) | $1,001 - $15,000 | | NA | |
| JT | Sogen Int'l Fund | $1,001 - $15,000 | Capital Gains | None - $200 | |
| | Oppenheimer Main Street Income & Growth Fund (IRA) | $1,001 - $15,000 | Capital Gains and Dividends | NA | |
| SP | Fidelity Contrafund (IRA) | $1,001 - $15,000 | | NA | |
| SP | Fidelity Blue Chip Growth Fund (IRA) | $1,001 - $15,000 | | NA | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Fidelity Magellan (IRA) | $1,001 - $15,000 | | NA | |
| DC | Oppenheimer High Yield Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| DC | Oppenheimer High Yield Fund | None - $1,000 | Dividends | None - $200 | |
| DC | Oppenheimer Main Street Income & Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| DC | Oppenheimer Main Street Income & Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| DC | Poughkeepsie Savings Bank Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Tucson Electric Power Co Stock | $1,001 - $15,000 | | | |
| DC | Wang Labs Stock | $1,001 - $15,000 | | | |
| DC | Fleet Financial Group Inc Stock (received in exchange for Shawmut Nat'l Corp Stock) | $15,001 - $50,000 | Dividends | $201 - $1,000 | E |
| JT | AT&T Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | First Bank System Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | International Paper Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | TECO Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | General Electric Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | MEMC Electr Matls Inc Stock | $1,001 - $15,000 | | | P |
| JT | Berkshire Hathaway Inc Class B Stock | $1,001 - $15,000 | | | P |
| JT | Lucent Tech Stock (spinoff from AT&T, the gain is from the proceeds for a fractional share)) | $1,001 - $15,000 | Capital Gains | None - $200 | S/ Spin-off |
| JT | Merck Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | Commercial Net Realty Inc. Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| JT | Royal Bank of Scotland Preferred Shares Series E | $1,001 - $15,000 | Dividends | None - $200 | P |
| DC | Milton O Talent Irrevocable Trust (DCs have a 3/5 interest in the Trust, their interest will change if the number of grandchildren change. The values and income reflected below, and for the Trust in the aggregate, are based on the DCs' interest | $100,001 - $250,000 | Capital Gains and Dividends | $15,001 - $50,000 | |
| | Assets of the Trust that do not meet the assets or | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | income test are not specifically listed below but are included in calculating the aggregate value and income of the Trust) | | | | |
| DC | Georgia Bonded Fiber Stock | None - $1,000 | Capital Gains | $201 - $1,000 | S |
| DC | Wheelabrator Tech Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Spartech Corp. Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Alumax Inc. Stock | $1,001 - $15,000 | | | |
| DC | MedPartners Inc. Stock (received in exchange for Caremark Int'l Stock) | $1,001 - $15,000 | | | |
| DC | Dean Witter Discover Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Cyprus Amax Minerals Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | CPT Telefonica (CPT) Peru B Pen Par Ordinary (formerly CPT Telefonica Del Peru SA Ser B | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Continental Health Affil. Inc. Stock | $1,001 - $15,000 | | | |
| DC | WMX Technologies Stock | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Ralcorp Hldgs Inc. Stock | $1,001 - $15,000 | | | |
| DC | Barrett Resources Stock | $1,001 - $15,000 | | | |
| DC | Chantal Pharmaceutical Stock | None - $1,000 | Capital Gains | $201 - $1,000 | S |
| DC | John Hancock Regional Bank Fund Class B | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | P |
| DC | Manville Preferred Stock (changed name to Schuller Corp. Preferred Ser. B Stock) | | Dividends | None - $200 | E |
| DC | Oppenheimer Main Street Income & Growth Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| DC | Putnam New Opportunities Fund | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | P |
| DC | Smith Barney Money Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| DC | Sogen International Fund | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | P |
| DC | Allstar Inns Inc. Stock (meets reporting requirements this year) | $1,001 - $15,000 | Dividends | None - $200 | |
| DC | Health-Chem Corp. Stock | $1,001 - $15,000 | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| DC | Schuller Corp Stock (formerly named Manville Stock) | $1,001 - $15,000 | Capital Gains and Dividends | $2,501 - $5,000 | S |
| DC | MCI Cap I Preferred Stock | $1,001 - $15,000 | Dividends | None - $200 | P |
| DC | Keyport Life Key Index Annuity | $1,001 - $15,000 | | | P |
| DC | Castle & Cooke Stock | $1,001 - $15,000 | | | Gift * |
| DC | Dave & Busters Inc Stock | $1,001 - $15,000 | | | Gift |
| DC | Maxxam Inc | $1,001 - $15,000 | | | Gift |
| DC | Payless Shoesource Inc Stock | $1,001 - $15,000 | | | Gift |
| DC | Wang Labs inc Stock | $1,001 - $15,000 | | | Gift |
| DC | Vanguard Windsor II Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| DC | Schuller Corp. Preferred Ser. B Stock (formerly named Manville Preferred Stock) | | Capital Gains | $5,001 - $15,000 | S |
| DC | Tigera Group Inc Stock (meets reporting requirements this year) | | Capital Gains | $201 - $1,000 | S |
| DC | Service Fracturing Co Stock | | Capital Gains | $201 - $1,000 | S |
| DC | Electronic Assoc Stock | | Capital Gains | $1,001 - $2,500 | S |
| DC | Arrow Magnolia Int'l Stock | | Capital Gains | $1,001 - $2,500 | S |
| | This ends the Trust Asset List | | | | |
| SP | Putnam New Opportunities Fund (IRA--roll over) | None - $1,000 | | NA | P |
| DC | Twentieth Century Giftrust | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | Gift |
| DC | Davis NY Venture Fund | $1,001 - $15,000 | Capital Gains and Dividends | None - $200 | Gift |

* All gifts are from grandparents of DCs.

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| JT | Chemical Banking CP Stock exchanged for Chase Manhattan Corp Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| JT | Chase Manhattan Corp. Stock received in exchange for Chemical Banking CP Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| JT | Brooklyn Union Gas Stock--100 shares | Sold | 02/02/96 | $1,001 - $15,000 |
| JT | Western Res Inc Stock--100 shares | Sold | 02/01/96 | $1,001 - $15,000 |
| JT | Tigera Group Stock | Sold | 02/02/96 | Less than $1,000 |
| JT | Commercial Net Realty Inc. Stock--100 shares | Purchase | 01/23/96 | $1,001 - $15,000 |
| JT | John Hancock Regional Bank Fund Class B--71 69 shares | Purchase | 02/02/96 and quarterly dividend and gain reinvestment | $1,001 - $15,000 |
| JT | General Electric Stock--50.53 shares | Purchase | 02/02/96 & quarterly dividend reinvestment | $1,001 - $15,000 |
| JT | Merck Stock--50 shares | Purchase | 04/15/96 | $1,001 - $15,000 |
| JT | Berkshire Hathaway Inc Class B Stock--2 shares | Purchase | 05/08/96 | $1,001 - $15,000 |
| JT | International Paper Stock--50 shares | Purchase | 07/11/96 | $1,001 - $15,000 |
| JT | First Bank System Stock--50 shares | Purchase | 07/11/96 | $1,001 - $15,000 |
| JT | AT&T Stock--120 shares | Purchase | 07/11/96 & 07/25/96 | $1,001 - $15,000 |
| JT | Royal Bank of Scotland Preferred Shares Series E--200 shares | Purchase | 09/18/96 | $1,001 - $15,000 |
| JT | Lucent Tech. Stock (a spin-off from AT&T--38 shares with a nominal sum received for a fractional share) | Spin-off/ Sale | 10/04/96 | $1,001 - $15,000 (Spin-off) Less than $50 (Sale) |
| JT | MEMC Electr. Matls. Inc. Stock--100 shares | Purchase | 11/06/96 | $1,001 - $15,000 |
| DC | Shawmut Nat'l Corp. Stock exchanged for Fleet Financial Group Inc. Stock | Exchange | 06/12/96 | $1,001 - $15,000 |
| DC | Fleet Financial Group Inc. Stock received in exchange for Shawmut Nat'l Corp. Stock | Exchange | 06/12/96 | $1,001 - $15,000 |
| SP | Putnam New Opportunities Fund (IRA) (this transaction was a rollover of cash | Purchase | 05/01/96 | $1,001 - $15,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | from an IRA account) | | | |
| DC | Georgia Bonded Fiber Stock | Sold | 02/02/96 | $1,001 - $15,000 |
| DC | Health-Chem Corp. Stock | Sold | 02/02/96 | $1,001 - $15,000 |
| DC | Manville Preferred Stock changed its name to Schuller Corp. Preferred Ser. B Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| DC | Schuller Corp. Preferred Ser. B Stock formerly Manville Preferred Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| DC | Schuller Corp. Preferred Ser. B Stock | Sold | 04/30/96 | $1,001 - $15,000 |
| DC | Manville Stock changed its name to Schuller Corp. Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| DC | Schuller Corp. Stock formerly Manville Stock | Exchange | 04/02/96 | $1,001 - $15,000 |
| DC | Schuller Corp. Stock | Sold | 04/02/96 & 04/12/96 | $1,001 - $15,000 |
| DC | Chantal Pharmaceutical Corp. Stock | Sold | 01/22/96 | $1,001 - $15,000 |
| DC | Electronic Assoc. Stock | Sold | 02/23/96 | $1,001 - $15,000 |
| DC | Edison Brothers Stores Inc. Stock | Sold | 11/29/96 | Less than $1,000 |
| DC | Arrow Magnolia Int'l Inc. Stock | Sold | 02/02/96 | $1,001 - $15,000 |
| | | | | |
| DC | Service Fracturing Co. Stock | Sold | 02/02/96 | $1,001 - $15,000 |
| DC | Tigera Group Inc. Stock | Sold | 02/02/96 | Less than $1,000 |
| DC | Caremark Int'l Stock merged into MedPartners Inc | Exchange | 09/05/96 | $1,001 - $15,000 |
| DC | MedPartners Inc. Stock acquired Caremark Int'l | Exchange | 09/05/96 | $1,001 - $15,000 |
| DC | Keyport Life Key Index Annuity | Purchase | 02/08/96 | $1,001 - $15,000 |
| DC | MCI Cap I Preferred Stock | Purchase | 05/23/96 | $1,001 - $15,000 |
| DC | Oppenheimer Main Street Income & Growth Fund (dividends & gain reinvested on dates after 04/29/96) | Purchase | 04/29/96, 06/18/96, 09/16/96, 12/13/96 | $1,001 - $15,000 |

## ANSACTIONS

r exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities saction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the rsonal residence, unless it is rented out. For further information, see instructions, pages 20-21

| | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| DC | Putnam New Opportunities Fund (dividends & gain reinvested on 12/20/96) | Purchase | 04/29/96, 12/20/96 | $1,001 - $15,000 |
| DC | Sogen International Fund (dividends & gain reinvested on 12/24/96) | Purchase | 02/05/96, 12/24/96 | $1,001 - $15,000 |
| DC | Vanguard Windsor II Fund (dividends & gain reinvested after 05/08/96) | Purchase | 1/25/96, 05/08/96, 06/25/96, 12/11/96 | $1,001 - $15,000 |

JAMES M. TALENT
2ND DISTRICT, MISSOURI

1022 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2502
(202) 225–2561

555 N. NEW BALLAS ROAD
SUITE 315
ST. LOUIS, MO 63141
(314) 872–9561

820 S. MAIN STREET
SUITE 206
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(314) 949–6826

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rep.talent@mail.house.gov

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Congress of the United States
House of Representatives
Washington, DC 20515–2502

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May 19, 1997

Ms. Robin Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 CHOB
Washington, D.C. 20515-6612

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MC

**RE: Financial Disclosure Statement for 1996**

Dear Madam Clerk:

It has come to my attention that two transactions were inadvertently omitted from schedule IV of my financial Disclosure Statement for 1996, which was filed by mail on May 15, 1997. The transactions that should have been included are as follows:

| | | | |
|---|---|---|---|
| JT TECO Stock—100 shares | Purchase | 04/24/96 | $1,001-15,000 |
| DC John Hancock Regional Bank Fund Class B | Purchase | 04/29/96 and 3 quarterly dividend and gain reinvestment | $1,001-15,000 |

Please treat this letter as a formal amendment of my Financial Disclosure Statement. If you need additional information or cannot treat this letter as an amendment, please call me at (314)872-9561 or (202) 225-2561.

Sincerely,

James Talent

James Talent
Member of Congress
Missouri Second

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

JOHN S. TANNER
(Full Name)

1127 LONGWORTH HOUSE OFFICE BLDG.
(Mailing Address)

WASHINGTON, D.C. 20515

(202) 225-4714
Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives — State ____ District ____ | ☐ Officer or Employee | Employing Office ____ |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☒ | No ☐ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Jon Tanner

**DATE** (Month/Day/Year) 5/14/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | UNION CITY INSURANCE AGENCY | FEE | 7500.- |
| | TENNESSEE NATIONAL GUARD | SALARY | 10,984.68 |
| | | | |
| | SHENNANDOAH SHUTTERS | SPOUSE SALARIES | |
| | B.A. ACCESSORIES | SPOUSE SALARY | |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN S. TANNER



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: | SP | Mega Corp. Stock | 1st Bank of Paducah, KY accounts | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | | Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | UNION CITY INSURANCE STOCK | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | | | UNION PLANTERS BANK | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | | | TN. PENSION PLAN (VESTED) | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | | | REELFOOT BANK ACCTS | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | | | NOTE PAYABLE FROM BOB HUNT | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN S. TANNER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | 1/19 INT. MEAGER MEANS INVT. CLUB | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | ACM MANAGED DOLLAR FUND | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | |
| | CENTRAL PARKING CORP. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | SYMMETRICOM INC. | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | TASEKO MINES | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | FRANKLIN MUTUAL FUND (MORGAN KEEGAN) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | TASEKO MINES | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | SYMMETRICOM | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | RENAL CARE | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | LORAL SPACE + COMM. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | CPI CORP. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | ZITEL | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | LUFKIN | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| | HEALTHDYNE | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN S. TANNER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | CORRECTIONS CORP. OF AMER. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name JOHN S. TANNER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | TASEKO MINES | X | | | 1/9/96 | X | | | | | | | | | |
| | SYMMETRICOM | X | | | 1/22/96 | X | | | | | | | | | |
| | RENAL CARE | X | | | 2/7/96 | X | | | | | | | | | |
| | LORAL SPACE + COMM. | X | | | 5/8/96 | X | | | | | | | | | |
| | CPI CORP. | X | | | 5/8/96 | X | | | | | | | | | |
| | ZITEL | X | | | 6/19/96 | X | | | | | | | | | |
| | SYMMETRICOM | X | | | 6/27/96 | X | | | | | | | | | |
| | LUFKIN | X | | | 9/25/96 | X | | | | | | | | | |
| | HEALTHDYNE | X | | | 10/10/96 | X | | | | | | | | | |
| | CORRECTIONS CORP. | X | | | 12/12/96 | X | | | | | | | | | |
| | TASEKO MINES | X | | | 12/13/96 | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | RENAL CARE | | X | | 2/21/96 | X | | | | | | | | | |
| | DELTA + PINE LAND | | X | | 5/30/96 | | X | | | | | | | | |
| | ZITEL | | X | | 10/3/96 | X | | | | | | | | | |
| | ZITEL | | X | | 10/21/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name JOHN S. TANNER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | 37.5% INTEREST IN LOT IN UNION CITY, TN. | | X | | 4/1/96 | X | | | | | | | | | |
| | RAYMOND JAMES & ASSO. (IRA) | | | X | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | REELFOOT BANK, UNION CITY, TN. | PERSONAL NOTE | | X | | | | | | | | |
| | FIRST VOLUNTEER BANK, UNION CITY, TN. | PERSONAL NOTE | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totailing more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NONE | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| VICE PRESIDENT | UNION CITY INSURANCE CO. (FAMILY OWNED BUSINESS) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 3:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOHN TANNER
8TH DISTRICT
TENNESSEE

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515-4208

COMMITTEE
ON
WAYS AND MEANS

May 14, 1997

HAND DELIVERED

Ms. Robin H. Carle
Clerk of the House
H154, The Capitol
Washington, D.C. 20515

Dear Madame Clerk:

In filing my 1996 Financial Disclosure Statement, I realized that I inadvertently omitted on my 1995 Financial Disclosure form the transfer of my IRA account from Raymond James & Associates to Morgan Keegan & Company. The transfer of the IRA account from Raymond James & Associates to Morgan Keegan & Company took place on July 1, 1995.

Please treat this letter as a formal amendment to my 1995 Financial Disclosure STatement for 1995.

Sincerely,

John Tanner, M. C.

JT/kb

1127 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(202) 225-4714

POST OFFICE BOX 629
203 WEST CHURCH STREET
UNION CITY, TN 38261
(901) 885-7070

ROOM B-7, FEDERAL BUILDING
JACKSON, TN 38301
(901) 423-4948

2836 COLEMAN ROAD
MEMPHIS, TN 38128
(901) 382-3220

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:13

CLERK OF THE HOUSE OF REPRESENTATIVES
U.S. HOUSE OF REPRESENTATIVES

(7)

ELLEN O. TAUSCHER
(Full Name)

2315 "S" STREET N.W., WASHINGTON, D.C. 20008 (202) 225-1880
(Mailing Address) (Daytime Telephone)

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: California District: 10th | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ellen O Tauscher

DATE (Month/Day/Year): 5/15/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| VANSTAR, Pleasanton, California | Spouse Salary | NA |
| REGENCY LINCOLN MERCURY, Dallas, Texas | Spouse Consulting Fee | NA |
| VONS, Arcadia, California | Spouse Director's Fee | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ELLEN O. TAUSCHER



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Examples:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | DALLAS MOTORS - Note | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | P, S, E |
| SP | DALLAS TAXI MOTORS - Note | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| SP | DALLAS TRANSPORTATION - Note | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | STANFORD TRADING | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| SP | ABRAMS CENTRE NATIONAL BANK | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | SUMMIT BANK | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELLEN O. TAUSCHER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE REGISTERY COMPANIES - Note | | | | | | | | X | | | | | | X | | | | | | | | X | | | | | | |
| SP | BEAR STEARNS - IRA* | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | JEFF FINKEL - Note | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | VANSTAR STOCK | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | LARSEN BEEF CO. | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | TAUSCHER & ASSOCIATES | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | TERMINAL TAXI EQUIP. LEASING PARTNERS LTD. | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | TFB PARTNERS | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | WAREHOUSE INVESTMENT PARTNERS | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | REGENCY HOLDING COMPANY | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| SP | CRESTED BUTTE ASSOCIATES | X | | | | | | | | | | | dissolved partnership | | | | | | | | | | X | | | | | | |

*transferred from MerrillLynch IRA 5/96

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | MERRILL LYNCH IRA | TRANSFERRED TO BEAR STEARNS | | | 5/96 | | | | X | | | | | | |
| SP | CRESTED BUTTE ASSOCIATES | DISTRIBUTION FROM DISSOLVED PARTNERSHIP* | | | 1/96 | | X | | | | | | | | |
| | BEAR STEARNS MARGIN SECURITIES ACCT (SEE pp. 7-14) | | | | | | | | | | | | | | |

*escrow closed 12/95; distribution received 1/96

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | THE FOLLOWING ARE SALE TRANSACTIONS | | | | | | | | | | | | | | |
| | FOR BEAR STEARNS MARGIN SECURITIES | | | | | | | | | | | | | | |
| | ACCOUNT PER VIRGINIA JOHNSON (COMMITTEE | | | | | | | | | | | | | | |
| | ON STANDARDS OF OFFICIAL CONDUCT) - | | | | | | | | | | | | | | |
| | TELEPHONE CONVERSATION | | | | | | | | | | | | | | |
| SP | RETIX | | X | | 03/18/96 | | X | | | | | | | | |
| SP | RETIX | | X | | 03/21/96 | | X | | | | | | | | |
| SP | AUTOIMMUNE INC | | X | | 04/12/96 | | | X | | | | | | | |
| SP | COMPUCOM SYSTEMS INC | | X | | 04/18/96 | | | X | | | | | | | |
| SP | COMPARATOR SYSTEMS CORP | | X | | 05/06/96 | | X | | | | | | | | |
| SP | IMP INC | | X | | 05/08/96 | | X | | | | | | | | |
| SP | COMPUCOM SYSTEMS INC | | X | | 05/10/96 | | | | X | | | | | | |
| SP | HEARX LTD | | X | | 06/19/96 | | | X | | | | | | | |
| SP | AUTOIMMUNE INC | | X | | 06/28/96 | | X | | | | | | | | |
| SP | AUTOIMMUNE INC | | X | | 06/28/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER

Page 2 of 17

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | AUTOIMMUNE INC | | X | | 07/05/96 | | X | | | | | | | | |
| SP | CHECK POINT SOFTWARE | | X | | 07/18/96 | | | X | | | | | | | |
| SP | CHECK POINT SOFTWARE | | X | | 08/06/96 | X | | | | | | | | | |
| SP | COMPUSA INC | | X | | 09/06/96 | | | | X | | | | | | |
| SP | COMPUSA INC | | X | | 09/20/96 | | | | | X | | | | | |
| SP | COMPUSA INC | | X | | 09/24/96 | | | | | X | | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 09/27/96 | | | | | | X | | | | |
| SP | HOME DEPOT INC | | X | | 10/01/96 | | | | | | X | | | | |
| SP | PEOPLESOFT INC | | X | | 10/02/96 | | | | | | X | | | | |
| SP | STARBUCKS CORP | | X | | 10/02/96 | | | | | X | | | | | |
| SP | U S ROBOTICS CORP | | X | | 10/03/96 | | | | | | X | | | | |
| SP | CISCO SYSTEMS INC | | X | | 10/04/96 | | | | | | X | | | | |
| SP | DELL COMPUTER CORP | | X | | 10/04/96 | | | | | | X | | | | |
| SP | S3 INC | | X | | 10/10/96 | | | | | X | | | | | |
| SP | INTEL CORP | | X | | 10/11/96 | | | | | | X | | | | |
| SP | SMART MODULAR TECHNOLOGIES INC | | X | | 10/11/96 | | | | | X | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | INTEL CORP | | X | | 10/14/96 | | | | | | X | | | | |
| SP | NETSCAPE COMMUNICATIONS CORP | | X | | 10/14/96 | | | | | | X | | | | |
| SP | DELL COMPUTER CORP | | X | | 10/15/96 | | | | | | X | | | | |
| SP | ZITEL CORP | | X | | 10/15/96 | | | | | X | | | | | |
| SP | REMEDY CORP | | X | | 10/18/96 | | X | | | | | | | | |
| SP | ZITEL CORP | | X | | 10/21/96 | | X | | | | | | | | |
| SP | ZITEL CORP | | X | | 10/22/96 | | | | | | X | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 10/23/96 | | | | | | X | | | | |
| SP | DELL COMPUTER CORP | | X | | 10/23/96 | | | | | | X | | | | |
| SP | NETSCAPE COMMUNICATIONS CORP | | X | | 10/23/96 | | | | | | X | | | | |
| SP | ZITEL CORP | | X | | 10/23/96 | | | | | | X | | | | |
| SP | DELL COMPUTER CORP | | X | | 10/24/96 | | | | | | | X | | | |
| SP | MICRO WAREHOUSE INC | | X | | 10/24/96 | | | | X | | | | | | |
| SP | PEOPLESOFT INC | | X | | 10/24/96 | | | | | X | | | | | |
| SP | MICRO WAREHOUSE INC | | X | | 10/25/96 | | | | X | | | | | | |
| SP | REMEDY CORP | | X | | 10/25/96 | | | | | X | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 10/30/96 | | | | | | | X | | | |
| SP | PEOPLESOFT INC | | X | | 11/01/96 | | | | | | | X | | | |
| SP | ZITEL CORP | | X | | 11/01/96 | | | | | X | | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 11/04/96 | | | | | | X | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 11/04/96 | | | | | | X | | | | |
| SP | DELL COMPUTER CORP | | X | | 11/05/96 | | | | | | X | | | | |
| SP | INGRAM MICRO INC | | X | | 11/05/96 | | | | | X | | | | | |
| SP | INTEL CORP | | X | | 11/05/96 | | | | | | | X | | | |
| SP | NETSCAPE COMMUNICATIONS CORP | | X | | 11/05/96 | | | | | | X | | | | |
| SP | IOMEGA CORP | | X | | 11/06/96 | | | | | X | | | | | |
| SP | MICRON TECHNOLOGY INC | | X | | 11/06/96 | | | | | | X | | | | |
| SP | PEOPLESOFT INC | | X | | 11/06/96 | | | | X | | | | | | |
| SP | IOMEGA CORP | | X | | 11/07/96 | | | | | X | | | | | |
| SP | PEOPLESOFT INC | | X | | 11/07/96 | | | | X | | | | | | |
| SP | PEOPLESOFT INC | | X | | 11/07/96 | | | | | | X | | | | |
| SP | REMEDY CORP | | X | | 11/07/96 | | | | | | X | | | | |

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Name ELLEN O. TAUSCHER Page 11 of 17

## SCHEDULE IV — TRANSACTIONS

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001– $15,000 | C $15,001– $50,000 | D $50,001– $100,000 | E $100,001– $250,000 | F $250,001– $500,000 | G $500,001– $1,000,000 | H $1,000,001– $5,000,000 | I $5,000,001– $25,000,000 | J $25,000,001– $50,000,000 | K Over $50,000,000 |
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 11/08/96 | | | | | | | X | | | |
| SP | INGRAM MICRO INC | | X | | 11/08/96 | | | | | | | X | | | |
| SP | ZITEL CORP | | X | | 11/08/96 | | | | | | X | | | | |
| SP | CISCO SYSTEMS INC | | X | | 11/11/96 | | | | | | | X | | | |
| SP | INTEL CORP | | X | | 11/11/96 | | | | | | | X | | | |
| SP | U S ROBOTICS CORP | | X | | 11/11/96 | | | | | | | X | | | |
| SP | MICRON TECHNOLOGY INC | | X | | 11/12/96 | | | | | | X | | | | |
| SP | MICROCOM INC | | X | | 11/13/96 | | | | X | | | | | | |
| SP | MICROSOFT CORP | | X | | 11/13/96 | | | | | | | X | | | |
| SP | INTEL CORP | | X | | 11/14/96 | | | | | | | X | | | |
| SP | INTEL CORP | | X | | 11/14/96 | | | | | | | X | | | |
| SP | DELL COMPUTER CORP | | X | | 11/15/96 | | | | X | | | | | | |
| SP | PREMIERE TECHNOLOGIES INC | | X | | 11/15/96 | | | | | X | | | | | |
| SP | DELL COMPUTER CORP | | X | | 11/19/96 | | | | | | | X | | | |
| SP | DELL COMPUTER CORP | | X | | 11/19/96 | | | | | | | X | | | |
| SP | INTEL CORP | | X | | 11/20/96 | | | | | | | X | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | U S ROBOTICS CORP | | X | | 11/21/96 | | | | | | X | | | | |
| SP | ARAKIS ENERGY CORP | | X | | 11/22/96 | | | | X | | | | | | |
| SP | INTEL CORP | | X | | 11/22/96 | | | | | | X | | | | |
| SP | MICRON TECHNOLOGY INC | | X | | 11/22/96 | | | | | | X | | | | |
| SP | ARAKIS ENERGY CORP | | X | | 11/25/96 | | | | X | | | | | | |
| SP | ASCEND COMMUNICATIONS INC | | X | | 11/25/96 | | | | | | X | | | | |
| SP | WIND RIVER SYSTEMS INC | | X | | 11/25/96 | | | | | X | | | | | |
| SP | COMPUCOM SYSTEMS INC | | X | | 11/26/96 | | | | X | | | | | | |
| SP | INGRAM MICRO INC | | X | | 11/26/96 | | X | | | | | | | | |
| SP | INTEL CORP | | X | | 11/26/96 | | | | | | X | | | | |
| SP | INTEL CORP | | X | | 11/27/96 | | | | | | | X | | | |
| SP | DELL COMPUTER CORP | | X | | 12/02/96 | | | | | | | X | | | |
| SP | INFORMIX CORP | | X | | 12/02/96 | | | | | X | | | | | |
| SP | PEOPLESOFT INC | | X | | 12/02/96 | | | | | | X | | | | |
| SP | SMART MODULAR TECHNOLOGIES INC | | X | | 12/02/96 | | | | X | | | | | | |
| SP | INTEL CORP | | X | | 12/03/96 | | | | | | | X | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | BUSINESS MACHINES CORP | | X | | 12/03/96 | | | | | | | X | | | |
| SP | SMART MODULAR TECHNOLOGIES INC | | X | | 12/03/96 | | | | X | | | | | | |
| SP | PEOPLESOFT INC | | X | | 12/04/96 | | | | | | X | | | | |
| SP | COMPAQ COMPUTER CORP | | X | | 12/05/96 | | | | | | | X | | | |
| SP | MICROCOM INC | | X | | 12/05/96 | | | | X | | | | | | |
| SP | PREMIERE TECHNOLOGIES INC | | X | | 12/05/96 | | | | | X | | | | | |
| SP | DELL COMPUTER CORP | | X | | 12/06/96 | | | | | | | X | | | |
| SP | HUTCHINSON TECHNOLOGY INC | | X | | 12/06/96 | | | | | | X | | | | |
| SP | COMPUCOM SYSTEMS INC | | X | | 12/09/96 | | | | X | | | | | | |
| SP | DELL COMPUTER CORP | | X | | 12/09/96 | | | | | | X | | | | |
| SP | HUTCHINSON TECHNOLOGY INC | | X | | 12/09/96 | | | | | | X | | | | |
| SP | INTEL CORP | | X | | 12/09/96 | | | | | | | X | | | |
| SP | PHILIP MORRIS COMPANIES | | X | | 12/09/96 | | | | | | | X | | | |
| SP | NETSCAPE COMMUNICATIONS CORP | | X | | 12/20/96 | | | | | | X | | | | |
| SP | HOME DEPOT INC | | X | | 12/12/96 | | | | | | X | | | | |
| SP | U S ROBOTICS CORP | | X | | 12/13/96 | | | | | | X | | | | |

This page may be copied if more space is required.

Name ELLEN O. TAUSCHER



## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | U S ROBOTICS CORP | | X | | 12/16/96 | | | | | | X | | | | |
| SP | INTEL CORP | | X | | 12/17/96 | | | | | X | | | | | |
| SP | CHECK POINT SOFTWARE | | X | | 12/18/96 | | | | X | | | | | | |
| SP | CHECK POINT SOFTWARE | | X | | 12/18/96 | | | | X | | | | | | |
| SP | DELL COMPUTER CORP | | X | | 12/18/96 | | | | | | X | | | | |
| SP | INTL BUSINESS MACHINES CORP | | X | | 12/30/96 | | | | | | | X | | | |
| SP | SUN MICROSYSTEMS INC | | X | | 12/30/96 | | | | | X | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | BEAR STEARNS SECURITIES CORP. | Margin Securities Acct. | | | | | | | | X | | |
| JT | SUMMIT BANK | Line of Credit | | | | X | | | | | | |
| SP | FORD MOTOR CREDIT | Promissory Note/Floor Plan | | | | | | X | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

3480

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NA | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| CEO / DIRECTOR | THE REGISTRY COMPANIES |
| DIRECTOR | WOMEN'S FORUM LEGACY FOUNDATION |
| DIRECTOR | ALUMNAE RESOURCES |
| DIRECTOR | TAUSCHER FOUNDATION |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NA | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

ELLEN O. TAUSCHER
10th District, California

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0510

97 JUN 12 PM 3:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

June 12, 1997

(3)
✓
cc

Honorable Robin Carle
Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Madame Clerk:

I am submitting this amendment to my Financial Disclosure Statement that covers the period of time from January 1, 1995 to February 1, 1996. The attached information included in the amendment was inadvertently left off of my candidate statement. The Statement is being amended to complete the information required.

I have appreciated the assistance provided to my office from the staff of the Committee on Standards of Official Conduct in preparing this amendment. Please accept the amendment at this time. If you have any questions or need further information, please do not hesitate to contact me at (202) 225-1880.

Sincerely,

Ellen Tauscher

Ellen O. Tauscher
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

Period Covered: January 1, 199 5 - February 1, 1996

FORM B
For use by candidates and new employees

97 JUN 12 PM 3:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

ELLEN O. TAUSCHER
(Full Name)

5611 Highland Road, Pleasanton, CA 94588 (Mailing Address) 510/248-9212 (Daytime Telephone)

| Filer Status | | | | |
|---|---|---|---|---|
| | [X] Candidate for the House of Representatives | State: CA District: 10 | Date of Election: 11/5/96 | Check if Amendment [X] |
| | [ ] New officer or employee | Employing Office: | | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

In all sections, please type or print clearly in black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes [X] | No [ ] | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | Yes [X] | No [ ] |
| II. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule II. | Yes [X] | No [ ] | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule III. | Yes [X] | No [ ] | VI. Did you receive compensation of more than $5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ellen Tauscher

DATE (Month/Day/Year): 6/12/97

3484

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELLEN O. TAUSCHER

Page 2 of 2

| SP, JT, DC | BLOCK A Asset and/or Income Source | BLOCK B Value of Asset: None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income, Current Year: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX Over $1,000,000 | Preceding Year: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | The Registry Companies - Note | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | | | | | | | | X | |
| SP | Merrill Lynch - IRA (cash) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| SP | Merrill Lynch - IRA (optical securities) | | | | | | | X | | | | | X | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Merrill Lynch - Money Funds | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Jeff Finkel - Note | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | | | | X | | | | |
| SP | Vanstar Stock | | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | 2710 Farmers Branch Ln., Dallas, TX | | | | | | | | | X | | X | | | | | X | | | | | | | | | | | | | | | X | | | | |
| SP | Larsen Beef Co. | | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Tauscher & Associates - Note | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | |
| SP | Crested Butte Associates | | | | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| | ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Terminal Taxi Equip. Leasing Partners, Ltd. | | | | | X | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | TFB Partners | | | | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Warehouse Investment Partners | | | | | X | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Regency Holding Company | | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | | |

**deleted duplicate entry

ELLEN O. TAUSCHER
10TH DISTRICT, CALIFORNIA

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0510

97 JUN 12 PM 3:00

June 12, 1997

(12)

MC

Honorable Robin Carle
Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Madame Clerk:

I am submitting this amendment to my annual Financial Disclosure Statement dated May 15, 1997. The Statement is being amended to provide additional information on financial transactions included in the original report, as well as to clarify information on assets included in the original report.

I have appreciated the assistance provided to my office from the staff of the Committee on Standards of Official Conduct in preparing this amendment and clarifying reporting requirements. Please accept the amendment at this time. If you have any questions or need further information, please do not hesitate to contact me at (202) 225-1880.

Sincerely,

Ellen Tauscher

Ellen O. Tauscher
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 PM 3:00

HAND DELIVERED
(Office Use Only)

Ellen O. Tauscher
(Full Name)

2315 "S" St., N.W., Washington, D.C. 20008
(Mailing Address)

(202) 225-1880
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State California District 10 — [ ] Officer or Employee — Employing Office

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ellen Tauscher

DATE (Month/Day/Year): 6/12/97

3487

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELLEN O. TAUSCHER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE REGISTERY COMPANIES - Note | | | | | | | | X | | | | | | X | | | | | | | | X | | | | | | |
| SP | BEAR STEARNS - IRA* | | | | | X | | | | | | | **** | | | | | | X | | | | | | | | | | |
| SP | JEFF FINKEL - Note | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | VANSTAR STOCK | | | | | | | | | | X | | **** | | | | | | X | | | | | | | | | | |
| SP | LARSEN BEEF CO. | | | | | X | | | | | | | **** | | | | | | X | | | | | | | | | | |
| SP | TAUSCHER & ASSOCIATES-Note | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | TERMINAL TAXI EQUIP. LEASING PARTNERS LTD. | | | | X | | | | | | | | **** | | | | | | X | | | | | | | | | | |
| SP | TFB PARTNERS | | | X | | | | | | | | | **** | | | | | | X | | | | | | | | | | |
| SP | WAREHOUSE INVESTMENT PARTNERS | | | | X | | | | | | | | **** | | | | | | X | | | | | | | | | | |
| SP | REGENCY HOLDING COMPANY | | | | | | | | X | | | | **** | | | | | | X | | | | | | | | | | |
| SP | CRESTED BUTTE ASSOCIATES | X | | | | | | | | | | | dissolved partnership | | | | | | | | | | X | | | | | | |
| | ****no income generated by these assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *transferred from MerrillLynch IRA 5/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER

Page 15 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | The following are purchase transactions for | | | | | | | | | | | | | | |
| | bear Stearns Margin Securities Account | | | | | | | | | | | | | | |
| SP | Retix | X | | | 02/08/96 | | | X | | | | | | | |
| SP | Autoimmune, Inc. | X | | | 04/04/96 | | | X | | | | | | | |
| SP | Compucom Systems, Inc. | X | | | 01/24/96 | | | X | | | | | | | |
| SP | Comparator Systems Corp. | X | | | 05/06/96 | | X | | | | | | | | |
| SP | Imp, Inc. | X | | | 05/08/96 | | X | | | | | | | | |
| SP | Compucome Systems, Inc. | X | | | 02/13/96 | | X | | | | | | | | |
| SP | Hearx, Ltd. | X | | | 04/26/96 | | | X | | | | | | | |
| SP | Autoimmune, Inc. | X | | | 05/07/96 | | | | X | | | | | | |
| SP | Compucom Systems, Inc. | X | | | 03/05/96 | | X | | | | | | | | |
| SP | Check Point Software | X | | | 07/11/96 | | | X | | | | | | | |
| SP | Compusa, Inc. | X | | | 08/22/96 | | | | X | | | | | | |
| SP | Compusa, Inc. | X | | | 09/03/96 | | | | | X | | | | | |
| SP | Compusa, Inc. | X | | | 09/19/96 | | | | | X | | | | | |
| SP | Ascend Communications, Inc. | X | | | 09/24/96 | | | | | X | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER | Page 16 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Ascend Communications, Inc. | X | | | 09/25/96 | | | | | X | | | | | |
| SP | Home Depot, Inc. | X | | | 09/23/96 | | | | | X | | | | | |
| SP | Home Depot, Inc. | X | | | 09/25/96 | | | | | X | | | | | |
| SP | Peoplesoft, Inc. | X | | | 09/30/96 | | | | | X | | | | | |
| SP | Peoplesoft, Inc. | X | | | 10/02/96 | | | | | X | | | | | |
| SP | Starbucks corp. | X | | | 09/09/96 | | | | | X | | | | | |
| SP | U. S. Robotics Corp. | X | | | 10/03/96 | | | | | | X | | | | |
| SP | Cisco Systems, Inc. | X | | | 10/03/96 | | | | | | X | | | | |
| SP | Dell Comupter Corp. | X | | | 10/04/96 | | | | | | X | | | | |
| SP | S3 Inc. | X | | | 10/07/96 | | | | | X | | | | | |
| SP | Intel Corp. | X | | | 10/08/96 | | | | | | X | | | | |
| SP | Smart Modular Technologies, Inc. | X | | | 08/22/96 | | | | X | | | | | | |
| SP | Smart Modular Technologies, Inc. | X | | | 09/27/96 | | | | X | | | | | | |
| SP | Intel Corp. | X | | | 10/10/96 | | | | | | X | | | | |
| SP | Netscape Communications Corp. | X | | | 10/07/96 | | | | | X | | | | | |
| SP | Netscape Communications Corp. | X | | | 10/09/96 | | | | | X | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER | Page 17 of ___

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | Dell Computer Corp. | X | | | 10/15/96 | | | | | | X | | | | |
| SP | Zitel Corp. | X | | | 10/15/96 | | | | | X | | | | | |
| SP | Remedy Corp. | X | | | 10/18/96 | | X | | | | | | | | |
| SP | Zitel Corp. | X | | | 10/17/96 | | | | X | | | | | | |
| SP | Zitel Corp. | X | | | 10/18/96 | | | | X | | | | | | |
| SP | Zitel Corp. | X | | | 10/21/96 | | | | | X | | | | | |
| SP | Ascend Communications Inc. | X | | | 10/14/96 | | | | | | X | | | | |
| SP | Dell Computer Corp. | X | | | 10/22/96 | | | | | | X | | | | |
| SP | Netscape Communications Corp. | X | | | 10/22/96 | | | | | | X | | | | |
| SP | Zitel Corp. | X | | | 10/21/96 | | | | | X | | | | | |
| SP | Zitel Corp. | X | | | 10/23/96 | | | | X | | | | | | |
| SP | Dell Computer Corp. | X | | | 10/22/96 | | | | | | X | | | | |
| SP | Dell Computer Corp. | X | | | 10/23/96 | | | | | | X | | | | |
| SP | Micro Warehouse Inc. | X | | | 09/23/96 | | | | | X | | | | | |
| SP | Peoplesoft, INc. | X | | | 10/24/96 | | | | | X | | | | | |
| SP | Micro Warehouse, Inc. | X | | | 09/23/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | Micro Warehouse, Inc. | X | | | 09/30/96 | | | | X | | | | | | |
| SP | Remedy Corp. | X | | | 10/18/96 | | | | | X | | | | | |
| SP | Remedy Corp. | X | | | 10/24/96 | | X | | | | | | | | |
| SP | Ascend Communications, Inc. | X | | | 10/23/96 | | | | | | X | | | | |
| SP | Ascend Communications, Inc. | X | | | 10/24/96 | | | | | | X | | | | |
| SP | Peoplesoft, Inc. | X | | | 10/24/96 | | | | | | | X | | | |
| SP | Zitel Corp. | X | | | 10/23/96 | | | | | X | | | | | |
| SP | Ascend Communications, Inc. | X | | | 10/24/96 | | | | | | X | | | | |
| SP | Ascend Communications, Inc. | X | | | 11/04/96 | | | | | | X | | | | |
| SP | Dell Computer Corp. | X | | | 11/05/96 | | | | | | X | | | | |
| SP | Ingram Micro, Inc. | X | | | 11/01/96 | | | | | X | | | | | |
| SP | Intel Corp. | X | | | 10/24/96 | | | | | | | X | | | |
| SP | Netscape Communications Corp. | X | | | 10/29/96 | | | | | | X | | | | |
| SP | Iomega Corp. | X | | | 09/30/96 | | | | | X | | | | | |
| SP | Micron Technology, Inc. | X | | | 11/04/96 | | | | | | X | | | | |
| SP | Peoplesoft, Inc. | X | | | 11/05/96 | | | | X | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER

Page 19 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Iomega Corp. | X | | | 09/30/96 | | | | X | | | | | | |
| SP | Iomega Corp. | X | | | 10/30/96 | | | | | X | | | | | |
| SP | Peoplesoft, Inc. | X | | | 11/05/96 | | | | | | X | | | | |
| SP | Remedy Corp. | X | | | 10/24/96 | | | | | X | | | | | |
| SP | Ascend Communications, Inc. | X | | | 11/07/96 | | | | | | X | | | | |
| SP | Ascend Communications, Inc. | X | | | 11/08/96 | | | | | | X | | | | |
| SP | Ingram Micro, Inc. | X | | | 11/01/96 | | | | | | | X | | | |
| SP | Zitel Corp. | X | | | 11/06/96 | | | | | | X | | | | |
| SP | Cisco Systems, Inc. | X | | | 11/05/96 | | | | | | | X | | | |
| SP | Intel Corp. | X | | | 11/11/96 | | | | | | | X | | | |
| SP | U.S. Robotics Corp. | X | | | 10/21/96 | | | | | | X | | | | |
| SP | U.S. Robotics Corp. | X | | | 11/06/96 | | | | | | X | | | | |
| SP | Micron Technology, Inc. | X | | | 11/11/96 | | | | | | X | | | | |
| SP | Microcom, Inc. | X | | | 11/11/96 | | | | X | | | | | | |
| SP | Microsoft Corp. | X | | | 11/11/96 | | | | | | | X | | | |
| SP | Microsoft Corp. | X | | | 11/12/96 | | | | | | | X | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER | Page 20 of ___

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Example: Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Intel Corp. | X | | | 11/14/96 | | | | | | | X | | | |
| SP | Dell Computer Corp. | X | | | 11/12/96 | | | | X | | | | | | |
| SP | Premiere Technologies, Inc. | X | | | 11/14/96 | | | | | X | | | | | |
| SP | Dell Computer Corp. | X | | | 11/12/96 | | | | | | | X | | | |
| SP | Dell Computer Corp. | X | | | 11/15/96 | | | | | | | X | | | |
| SP | Intel Corp. | X | | | 11/15/96 | | | | | | | X | | | |
| SP | U. S. Robotics Corp. | X | | | 11/06/96 | | | | | | X | | | | |
| SP | Arakis Energy Corp. | X | | | 10/30/96 | | | X | | | | | | | |
| SP | Intel Corp. | X | | | 11/22/96 | | | | | | X | | | | |
| SP | Micron Tehnology, Inc. | X | | | 11/20/96 | | | | | | X | | | | |
| SP | Arakis Energy Corp. | X | | | 10/30/96 | | | | X | | | | | | |
| SP | Ascend Communications, Inc. | X | | | 11/21/96 | | | | | | X | | | | |
| SP | Wind River Systems, Inc. | X | | | 11/21/96 | | | | | X | | | | | |
| SP | Compucom Systems, Inc. | X | | | 06/19/96 | | | | X | | | | | | |
| SP | Compucom Systems, Inc. | X | | | 06/21/96 | | | X | | | | | | | |
| SP | Compucom Systems, Inc. | X | | | 06/27/96 | | | X | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER

Page 21 of ___

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Intel Corp. | X | | | 11/25/96 | | | | | | X | | | | |
| SP | Intel Corp. | X | | | 11/27/96 | | | | | | | X | | | |
| SP | Dell Computer Corp. | X | | | 11/26/96 | | | | | | | X | | | |
| SP | Informix Corp. | X | | | 11/20/96 | | | | X | | | | | | |
| SP | Peoplesoft, Inc. | X | | | 11/14/96 | | | | | | X | | | | |
| SP | Smart Modular Technologies, Inc. | X | | | 11/27/96 | | | | X | | | | | | |
| SP | Intel Corp. | X | | | 11/29/96 | | | | | | | X | | | |
| SP | International Business Machines Corp. | X | | | 12/03/96 | | | | | | | X | | | |
| SP | Smart Modular Technologies, Inc. | X | | | 11/27/96 | | | | X | | | | | | |
| SP | Peoplesoft, Inc. | X | | | 11/19/96 | | | | | X | | | | | |
| SP | Compaq Computer Corp. | X | | | 11/20/96 | | | | | | | X | | | |
| SP | Microcom, Inc. | X | | | 11/18/96 | | | | X | | | | | | |
| SP | Premiere Technologies, Inc. | X | | | 11/19/96 | | | | | X | | | | | |
| SP | Dell Computer Corp. | X | | | 12/06/96 | | | | | | | X | | | |
| SP | Hutchinson Technology, Inc. | X | | | 12/03/96 | | | | | | X | | | | |
| SP | Compucom Systems, Inc. | X | | | 09/06/96 | | | | X | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| SP | Dell Computer Corp. | X | | | 12/09/96 | | | | | | X | | | | |
| SP | Hutchinson Technology, Inc. | X | | | 12/03/96 | | | | | | X | | | | |
| SP | Intel Corp. | X | | | 12/09/96 | | | | | | | X | | | |
| SP | Philip Morris Companies | X | | | 12/06/96 | | | | | | | X | | | |
| SP | Netscape Communications Corp. | X | | | 12/09/96 | | | | | | X | | | | |
| SP | Home Depot, Inc. | X | | | 10/14/96 | | | | | | X | | | | |
| SP | Home Depot, Inc. | X | | | 11/06/96 | | | | | | X | | | | |
| SP | U. S. Robotics Corp. | X | | | 12/03/96 | | | | | | | X | | | |
| SP | Check Point Software | X | | | 08/20/96 | | | | X | | | | | | |
| SP | Check Point Software | X | | | 09/30/96 | | | | X | | | | | | |
| SP | Intel Corp. | X | | | 12/07/96 | | | | | X | | | | | |
| SP | Check Point Software | X | | | 10/23/96 | | | | | X | | | | | |
| SP | Dell Computer Corp. | X | | | 12/12/96 | | | | | | X | | | | |
| SP | International Business Machines Corp. | X | | | 12/04/96 | | | | | | | X | | | |
| SP | Sun Microsystems, Inc. | X | | | 10/15/96 | | | | | X | | | | | |
| SP | Check Point Software | X | | | 07/29/96 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ELLEN O. TAUSCHER

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| SP | Ingram Micro, Inc. | X | | | 11/22/96 | | X | | | | | | | | |
| | The following are stock call options for Bear Stearns Margin Securities Account: | | | | | | | | | | | | | | |
| SP | Oracle Corp. | X | X | | P-6/19/96<br>S-6/21/96 | X | | | | | | | | | |
| SP | Oracle Corp. | X | X | | P-6/19/96<br>S-6/21/96 | X | | | | | | | | | |
| SP | Oracle Corp. | X | X | | P-6/21/96<br>S-7/24/96 | X | | | | | | | | | |
| SP | Microsoft Corp. | X | X | | P-7/22/96<br>S-8/16/96 | X | | | | | | | | | |
| SP | Compucom Systems, Inc. | X | X | | P-8/16/96<br>S-9/25/96 | | X | | | | | | | | |
| SP | S&P 100 Indx. | X | X | | P-10/8/96<br>S-10/18/96 | | X | | | | | | | | |
| SP | Iomega Corp. | X | X | | P-10/8/96<br>S-10/23/96 | | X | | | | | | | | |
| SP | Ascend Communications, Inc. | X | X | | P-10/14/96<br>S-10/23/96 | X | | | | | | | | | |
| SP | Ascend Communications, Inc. | X | X | | P-10/15/96<br>S-10/23/96 | X | | | | | | | | | |
| SP | Cascade Communications | X | X | | P-10/9/96<br>S-10/23/96 | | X | | | | | | | | |
| SP | Sun Microsystems, Inc. | X | X | | P-12/11/96<br>S-12/26/96 | | X | | | | | | | | |

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(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

Wilbert Joseph Tauzin, II
(Full Name)

2183 Rayburn Building
(Mailing Address)
Washington, DC 20515

Daytime Telephone:
202/225-4031

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: LA District 03 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL: W. J. Billy Tauzin, II

DATE (Month/Day/Year): 5/14/97

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Congressional Management Foundation | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| Source | | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| Natl. Environmental Policy Institute | | Speech | 04/23/96 | $ 1,000 |
| Washington, DC | | | | |
| Edward Jones Co., Washington, DC | | Speech | 9/18/96 | $ 2,000 |

3500

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left | | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None" | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| For further Information, see Instructions, pages 14-20 | | | | | |
| SP<br>DC *Examples*<br>JT | SP | Mega Corp Stock<br>123 Main St , Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | | AllAmerica | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| | | | | Dividends | | |
| | | Wright Patman Credit Union | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| | | Secor Bank IRA | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| | | Putnam IRA Hi Yield Trust | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | | 1rst Interstate Bank IRA | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| | | St Charles Royalle Subdivision (see pg 10) | $15,001 - $50,000 | Bond for Deed | $5,001 - $15,000 | |
| | | Investment Income | $100,001 - $250,000 | Rent | $5,001 - $15,000 | |
| | | Wingate, Maryland | | Capital Gains | | |

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## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | N/A | | | |

3502

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Mercantile Mortgage Corp | Mortgage-Investment Acreage | $100,001 - $250,000 |

3503

## SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

**Note:** The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see Instructions, pages 22-24

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | N/A | $ |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Natl. Cable TV Assn. | 04/27-29 | DC-Los Angeles, CA-DC | Y | Y | Y | No |
| Air Touch Communications | 10/15-17 | *New Orleans-San Francisco-Seattle | Y | Y | Y | 1 day |
| Mid-America Dairymen,Inc | 10/19-21 | *Seattle-Minneapolis | Y | Y | N | No |
| | | Minneapolis-Mobridge,SD--DC | | | | |
| Reuters America | 11/6-9 | DC-London, Eng.-Rome, Italy | Y | Y | Y | No |
| Ripon Educational Fund | 11/9-16 | Rome, Italy- Washington, DC | Y | Y | Y | No |
| *AIRFARE NOT @SPONSOR'S EXPENSE | | | | | | |

3505

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| NONE | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |



Use additional sheets if more space is required.

Schedule III.
Assets and Unearned Income

St. Charles Royalle Subdivision

Lot 13, Block 10
. 1/2 undivided interest in Lot 6, Block 6
1/2 undivided interest in South 1/2 Lot 9, Block 10
. Lot 6, Block 5 (Bond for deed)
. Lot 7, Block 5 (Bond for deed)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 11:57

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Charles Hart Taylor
(Full Name)

231 Cannon Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-6401

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State NC District 11 | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11 ) Yes [ ] No [X]

**EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Charles H. Taylor

DATE (Month/Day/Year): 5-15-97

3508

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Financial Guaranty Corporation | Spouse Director Fee | N/A |
| | Financial Guaranty Corporation | Spouse Guaranty Fee | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

3509

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| Southern Forest Products Association | speech | 08/01/96 | $ 1,000 |
| Gardner Webb University | speech | 10/29/96 | $ 150 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None" | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|---|
| SP<br>DC<br>JT | *Examples* SP Mega Corp Stock<br>123 Main St, Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Transylvania Tree Farms | $1,000,001 - $5,000,000 | | | |
| SP | Southeastern Real Estate and Discount Company | $1,000,001 - $5,000,000 | Rent | $100,001 - $1,000,000 | |
| | Cedar Creek Farms Partnership; note receivable from Thompson et al | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Note receivable from Maggie Valley Development Corp | $250,001 - $500,000 | Interest | $5,001 - $15,000 | |
| DC | RFD Old Highway 64, Brevard, NC (house) | $15,001 - $50,000 | Rent | $2,501 - $5,000 | |
| JT | Blue Ridge Savings Bank Accounts | $15,001 - $50,000 | Interest | $5,001 - $15,000 | |
| SP | Blue Ridge Savings Bank stock | $1,000,001 - $5,000,000 | Dividends | $100,001 - $1,000,000 | |
| | Note receivable from Financial Guaranty Corporation | $100,001 - $250,000 | Interest | $5,001 - $15,000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Financial Guaranty Corporation stock | $5,000,001 - $25,000,000 | | | |
| | McCrae Industries stock | None - $1,000 | Dividends | None - $200 | |
| | Monte Vista Corporation Stock | $1,000,001 - $5,000,000 | | | |
| | Riverside Company Estates Partnership, Brevard, NC | $1,001 - $15,000 | | | |
| | Haywood Savings Bank stock, Waynesville, NC | $1,001 - $15,000 | Dividends | None - $200 | |
| | Gaybo Company Partnership | $100,001 - $250,000 | Capital Gains | $15,001 - $50,000 | |
| | Major Land and Timber Partnership, Haywood County NC | $1,000,001 - $5,000,000 | | | |
| JT | Taylor Family Trust (Farm in Transylvania County, NC) | $1,000,001 - $5,000,000 | | | |
| | NC State Employees Pension Fund | $1,001 - $15,000 | | | |
| | IRA Blue Ridge Savings Bank | $1,001 - $15,000 | Interest | None - $200 | |

3512

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | Financial Guaranty Corporation stock | Purchase | 05/20/96 | $1,001 - $15,000 |
| | Fiancial Guaranty Corporation stock | Purchase | 06/24/96 | $1,001 - $15,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example.* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | William Banks et al Burnsville, NC | purchase option note | |
| | | | |
| | Brevard Savings and Loan | mortgage on RFD Highway 64 (house) Brevard NC | $15,001 - $50,000 |

3514

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments; or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Appalachain Chapter Society of American Foresters | 1/25/96-1/26/96 | Washington - Charleston SC- Brevard, NC | | Y | N | |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Organization |
|---|---|
| Board Chairman (UNCOMPENSATED) | Blue Ridge Savings Bank, Asheville, NC |
| Board Chairman (UNCOMPENSATED) | Financial Guaranty Corporation, ASheville, NC |

CHARLES H. TAYLOR
11TH DISTRICT, NORTH CAROLINA

MEMBER
COMMITTEE ON
APPROPRIATIONS

SUBCOMMITTEE ON
COMMERCE, JUSTICE, STATE
VICE CHAIRMAN

SUBCOMMITTEE ON
INTERIOR

SUBCOMMITTEE ON
LEGISLATIVE BRANCH

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U.S. HOUSE OF REPRESENTATIVES

# Congress of the United States
## House of Representatives
Washington, DC 20515–3311

22 SOUTH PACK SQUARE
SUITE 330
ASHEVILLE, NC 28801-0000
(704) 251-1988

231 CANNON BUILDING
WASHINGTON, DC 20515-3311
(202) 225-6401

HENDERSONVILLE OFFICE
(704) 697-8539

MURPHY OFFICE
(704) 837-3249

RUTHERFORDTON OFFICE
(704) 286-8750

SHELBY OFFICE
(704) 484-6971

INTERNET ADDRESS
CHTAYLOR@HR.HOUSE.GOV

May 21, 1997

1
NC

The Honorable Robin Carle
Clerk
U.S. House of Representatives
The Capitol
Washington, D.C. 20515

Dear Robin:

I am writing to amend my 1997 Financial Disclosure Statement to correct two inadvertent oversights.

On Schedule V Liabilities, the purchase option note to William Banks et al, Burnsville N.C. is in the amount of $100,000 -$250,000.

On Schedule VII Travel Payments and Reimbursements, the Appalachian Chapter of American Foresters should reflect "Yes" to lodging and "No" time not at the sponsor's expense.

Sincerely,

Charles H. Taylor

Charles H. Taylor
Member of Congress

CHT/raf

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

GARY EUGENE TAYLOR
(Full Name)

814 N. BEACH BLVD.
(Mailing Address)

BAY ST LOUIS MS 39520
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State / District | ☐ Officer or Employee | Employing Office |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☒ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☒ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☒ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Gene Taylor

**DATE** (Month/Day/Year) 5/17/97

3518

Name BARY EUGENE TAYLOR Page 2 of 2

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000<br>B $1,001 – $15,000<br>C $15,001 – $50,000<br>D $50,001 – $100,000<br>E $100,001 – $250,000<br>F $250,001 – $500,000<br>G $500,001 – $1,000,000<br>H $1,000,001 – $5,000,000<br>I $5,000,001 – $25,000,000<br>J $25,000,001 – $50,000,000<br>K Over $50,000,000 | DIVIDENDS<br>RENT<br>INTEREST<br>CAPITAL GAINS<br>EXCEPTED TRUST<br>QUALIFIED BLIND TRUST | I None – $200<br>II $201 – $1,000<br>III $1,001 – $2,500<br>IV $2,501 – $5,000<br>V $5,001 – $15,000<br>VI $15,001 – $50,000<br>VII $50,001 – $100,000<br>VIII $100,001 – $1,000,000<br>IX $1,000,001 – $5,000,000<br>X Over $5,000,000 | P, S, E |
| SP, DC, JT | SP Mega Corp. Stock | | X | X | P |
| Examples: | 123 Main St., Dover, Del. | X | X | | |
| | 1st Bank of Paducah, KY accounts | X | X | X | |
| | Peoples Bank Account | X | X | X | |

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

MC

HAND DELIVERED

William Marshall Thomas
(Full Name)

2208 Rayburn House Office Building
(Mailing Address)

202-225-2915
Daytime Telephone

Washington, DC 20515

(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State CA District 21 | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William M. Thomas

DATE (Month/Day/Year): May 15, 1997

3520

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Paul Mellon/Rokeby Farms | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash , D C | Speech | Feb 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug 13, 1996 | $500 |
| CA Association of Neurological Surgeons | speech | Jan. 20, 1996 | $1,200.00 |
| American Hospital Association | speech | Jan. 29, 1996 | $2,000.00 |
| Academy of Managed Care Pharmacy | speech | Jan. 29, 1998 | $2,000.00 |
| Baker & Hostetler Tax COnference | speech | Jan. 30, 1996 | $2,000.00 |
| American Group Practice Association | speech | Feb. 9, 1996 | $2,000.00 |
| Palo Alto Symposium | speech | Mar. 23, 1996 | $2,000.00 |
| American College of Emergency Physicians | speech | April 29,1996 | $2,000.00 |
| Brookings Institute | speech | May 6, 1996 | $400.00 |
| Int'l Foundation of Employee Benefits | speech | May 7, 1996 | $1,000.00 |
| American Society of Anesthesiologists | speech | Jun. 11, 1996 | $2,000.00 |
| American Medical Group Association | speech | Sep. 9, 1996 | $2,000.00 |
| National Association for Medical Equip. Suppliers | speech | Sept.19, 1996 | $2,000.00 |
| National Renal Administrators Association | speech | Sept.26, 1996 | $2,000.00 |
| American College of Cardiology | speech | Sept.26, 1996 | $2,000.00 |
| Washington Research Group | speech | Nov. 8, 1996 | $2,000.00 |
| American Ambulance Association | speech | Nov.14, 1996 | $2,000.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William M. Thomas



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None - $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 1/4 interest in 15836 Mt.View Nevada City, CA | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Teacher Retirement STRS Calif. | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
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For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Allied Savings Bank, Santa Rosa, CA | Mortgage on 15836 Mt.View Nevada City, California | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| CA Association of Neurological Surgeons | Jan. 19-20 ,1996 | Bakersfield-Sacramento-Washington, DC | Y | Y | N | Y |
| American Group Practice Association | Feb.7-11, 1996 | Washington-Miami, FL-Washington, DC | Y | Y | Y | Y |
| Palo Alto Medical Foundation | Mar.22-24, 1996 | Washington, DC-San Fran Los Angeles, CA | Y | Y | Y | N |
| American Cotton Shippers Ass | May 31-Jun 1,'96 | Washington, DC-Phoenix-Washington, DC | Y | Y | N | N |
| Aspen Institute | May 24-28, 1996 | Baltimore-Bermuda-Baltimore | Y | Y | Y | N |
| Calcot, Limited | Aug.4-5, 1996 | Bakersfield-Napa-Fresno, CA | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member of Board | American Council of Young Political Leaders (uncompensated) |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1974 | Kern Community College District | on leave without pay |
| | | |
| | | |
| | | |
| | | |
| | | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 1 PM 4:43
THE CLERK
HOUSE OF REPRESENTATIVES

William Marshall Thomas
(Full Name)

2208 Rayburn House Office Building
(Mailing Address)

202-225-2915
Daytime Telephone

Washington, DC 20515

√ HAND DELIVERED
MU
(Office Use Only)

2

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District CA 21 | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
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| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|
| William M. Thomas | May 15, 1997 |
| William M. Thomas | June 10, 1997 |

3528

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | CA Association of Neurological Surgeons | Jan. 19-21, 1996 | Bakersfield-Sacramento-Bakersfield-Washington | Y | Y | N | 1 day |
| | American Group Practice Association | Feb.7-11, 1996 | Washington-Miami, FL-Washington, DC | Y | Y | Y | 1 day |
| | Palo Alto Medical Foundation | Mar.22-24, 1996 | Washington, DC-San Fran Los Angeles, CA | Y | Y | Y | N |
| | American Cotton Shippers Ass | May 31-Jun 1,'96 | Washington, DC-Phoenix-Washington, DC | Y | Y | N | N |
| | Aspen Institute | May 24-28, 1996 | Baltimore-Bermuda-Baltimore | Y | Y | Y | N |
| | Calcot, Limited | Aug.4-5, 1996 | Bakersfield-Napa-Fresno, CA | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 2:27

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(S)

Bennie Gordon Thompson
(Full Name)

103 L.C. Turner Circle
(Mailing Address)
Bolton, Mississippi MS 39041

Daytime Telephone:
202-225-5876

MC HAND DELIVERED
(Office Use Only)

| Filer Status | | Member of the U.S House of Representatives | State MS District 02 | | Officer or Employee | Employing Office |
|---|---|---|---|---|---|---|
| Report Type | X | Annual (May 15) | | | Amendment | Termination Date / Termination |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS:** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bennie G. Thompson

DATE (Month/Day/Year): May 15, 1997

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| Name Bennie Gordon Thompson | Page of |
|---|---|

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Hinds County Pubic Schools | Spouse Salary | NA |
| | Town of Bolton Development Corporation | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

| Name Bennie Gordon Thompson | Page of |
|---|---|

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

| Source | | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1994 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1994 | $500 |
| The Tobacco Institute (Wash.,D.C.) | | Speech | 4/10/96 | $ 2,000 |

**Name** Bennie Gordon Thompson | **Page** _ of _

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples:* SP<br>JT | Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Jackson Fed. Credit Union | $1,001 - $15,000 | Interest | None - $200 | NA |
| JT | Jackson Fed. Credit Union | $1,001 - $15,000 | Interest | None - $200 | NA |
| DC | Magnolia Fed. Bank, Accts | $1,001 - $15,000 | Interest | None - $200 | NA |
| SP | Magnolia Fed. Bank, Accts | $50,001 - $100,000 | Interest | $1,001 - $2,500 | NA |
| | MS State Empl. Retire. Plan | $1,001 - $15,000 | Excepted Trust | None - $200 | NA |
| SP | MS State Empl. Retire. Plan | $15,001 - $50,000 | Excepted Trust | None - $200 | NA |
| SP | MS. Def. Compensation Plan | $1,001 - $15,000 | Excepted Trust | None - $200 | NA |
| SP | The Pension Board NY,NY | $15,001 - $50,000 | Excepted Trust | None - $200 | NA |
| SP | Valic Annuity Plan | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |

**Name** Bennie Gordon Thompson | **Page** ___ of ___

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | Equitable Annuity | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| | Cong. Fed. Credit. Union | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| JT | Magna Bancorp.Inc (Stock) | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| JT | Lot 101 L.C. Turner Circle Bolton, MS | $15,001 - $50,000 | Capital Gains | None - $200 | NA |
| JT | Lot 105 L.C. Turner Circle | $15,001 - $50,000 | Capital Gains | None - $200 | NA |
| JT | Lot Pearl Street Bolton, MS | $15,001 - $50,000 | Capital Gains | None - $200 | NA |
| | Dwelling, 212 Sharon Street Bolton, MS | $50,001 - $100,000 | Capital Gains | None - $200 | NA |
| | 2 acres, Northside Drive, Bolton MS | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| | 1 acre, Mt. Olive Rd. Bolton | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| | 1 acre Old Fairground Rd, Edward, MS | $1,001 - $15,000 | Capital Gains | None - $200 | NA |
| JT | 3539 Brame, Jackson, MS | $50,001 - $100,000 | Interest | $2,501 - $5,000 | NA |
| JT | 3738 Brame, Jackson, MS | $50,001 - $100,000 | Interest | $2,501 - $5,000 | NA |
| JT | 4257 Johnson Ct. Jackson, MS | $50,001 - $100,000 | Rent | $2,501 - $5,000 | NA |
| JT | Chalet Village Apts, Jackson | $50,001 - $100,000 | Rent | $1,000,001 - $5,000,000 | NA |
| JT | 3231 &3233 W. Capital, Jackson, MS | $15,001 - $50,000 | Capital Gains | None - $200 | NA |

| Name Bennie Gordon Thompson | Page __ of __ |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| JT | Colonial Mortgage Co (AL) | Mortgage, 4257 Johnson Court (Jackson ,MS) | $10,001 - $15,000 |
| JT | Bailey Mortgage Co. Jackson MS (sold to First Commerce AR) | Mortgage, 3838 Brame | $15,001 - $50,000 |
| JT | Deposit Guaranty Nat'l Bank, MS | Mortgage, Chalet Village | $500,001 - $1,000,000 |
| | Delta Capital Corp., Greenville, MS | Mortgage, Chalet Village | $15,001 - $50,000 |
| | Trustmark Nat'l Bank Jackson | Mortgage, 3231& 3 W. Capital | $50,001 - $100,000 |

Name Bennie Gordon Thompson | Page of

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| UNITE, AFL-CIO | 1/12-1/13 | Jack MS-Atlanta,GA-Jack MS | Y | N | N | n |
| Industrial Union Dept | 1/19-1/21 | Jack MS-Atlanta, GA-Jack MS | Y | Y | N | n |
| Black & Puerto Caucus | 2/3-2/5 | Jack MS-Cromwell, Connecticut-Jack MS | Y | N | N | n |
| CWA | 3/15 | Jack MS-Biloxi MS,Jack MS | Y | N | N | n |
| Arkansas Black Caucus | 3/30-3/31 | Jack MS-Little Rock,AR-Jack MS | Y | N | N | n |
| Jackson State University Nat'l Alumini Association, | 5/4-5/5 | Jack. MS-Chicago,IL-Jack MS | Y | N | N | n |
| International Assoc of Black Fire Fighters | 5/24 | Jack MS Tallahassee FL-Jack MS | N | N | N | n |
| Coalition of Black Trade Unionist | 5/24 | Jack MS-Miami Florida-Jack MS | Y | N | N | n |
| UNITE | 5/31 | Jack MS-Atlanta, GA-Jack MS | N | N | N | n |
| MS Assn for Home Care | 8/23 | Jack MS-Biloxi, MS--Jack MS | N | N | N | n |
| Tobacco Labor Mgmt Cmt | 11/9-11/12 | Jack MS-Scottsdale,AZ-Jack MS | Y | Y | N | n |
| Japan-US Friendship Com | 11/12-11/18 | Jack MS-Japan-Jack MS | Y | Y | N | n |

| Name Bennie Gordon Thompson | Page of |
|---|---|

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| President | BLB Properties |
| Sole Proprietor | Chalet Village Apartments |
| Trustee | Tougaloo College Board of Trustees |
| Board Member | Tougaloo College Economic Development Corp |
| Board Member | Housing Assistance Council |
| Board Member | Southern Regional Council |

97 JUN -4 AM 10:09

HANDDELIVERED

HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

BENNIE G. THOMPSON
SECOND DISTRICT
MISSISSIPPI

1408 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-2402
(202) 225-5876

May 30, 1997

1

MC

Ms. Robin Carle
Clerk
U.S.House of Representatives
B-106 Cannon House Office Bldg
Washington, D.C. 20515

Dear Ms. Carle:

Please accept this letter as an amendment to my Financial Disclosure Statement for the calendar year 1996. The items to be amended are as follows:

1. Schedule III Assets and "Unearned" Income: for Chalet Village Apartments, (Jackson, MS), Block B, Value of Assets should read: $1,000.001 - $5,000.00 [not $50,001-$100,000]

2. Schedule III Assets and "Unearned" Income: for Chalet Village Apartments, (Jackson, MS), Block D, Amount of Income should read: $50,001-$100,000 [not $1,000.001 - $5,000,000]

3. Schedule III Assets and "Unearned" Income: for 3231 & 3233 West Capital (Jackson, MS). Please note that this is not new property. The assets of T&T properties reported on the 95 form was reported differently on the 96 form by listing the actual addresses of the properties 3231 & 3233 West Capital.

Please do not hesitate to contact me should you wish to discuss this matter further. As before, in my absence, you may speak with my Administrative Assistant, Ms. Marsha McCraven, who handles my confidential matters. Thank you for your assistance in amending my original form.

Sincerely,

Bennie G. Thompson
Member of Congress

BGT/mgm

Not printed at government expense

(9)

97 MAY 14 PM 2:53

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

William McClellan "Mac" Thornberry
(Full Name)

412 Cannon HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-3706

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | X | Member of the U.S. House of Representatives | State TX District 13 | Officer or Employee | Employing Office |
| **Report Type** | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**: Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

**EXEMPTION**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: William M. Thornberry

DATE (Month/Day/Year): 5-14-97

3539

**Name** William McClellan "Mac" Thornberry | Page ___ of ___

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

| Source | | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash , D C | Speech | Feb 2, 1994 | $2,000 |
| | XYZ Magazine | Article | Aug 13, 1994 | $500 |
| National Grocers Association | | Apperance | 6/13/96 | $ 100 |
| American Associaion of Nurse Anesthetists | | Speech | 7/7/96 | $ 250 |
| Plainview Independence Day Committee | | Speech | 7/4/96 | $ 100 |

Name William McClellan "Mac" Thornberry | Page ___ of ___

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | 1/3 ownership Thornberry Brothers Cattle Operation - Clarendon, TX | $15,001 - $50,000 | Partnership Income | $1,001 - $2,500 | |
| | Peterson, Farris, Doores & Jones retirement (see also schedule IV) - Amarillo, TX | None - $1,000 | Withdrawal | $2,501 - $5,000 | |

| Name William McClellan "Mac" Thornberry | Page ___ of ___ |
|---|---|

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | Peterson, Farris, Doores & Jones retirement account (terminated) - Amarillo, TX | Exchange | 9/26/96 | $1,001 - $15,000 |

| Name William McClellan "Mac" Thornberry | Page __ of __ |
|---|---|

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Amarillo National Bank - Thornberry Brothers | Cattle Loan | $15,001 - $50,000 |
| | Boatmen's First National Bank - Amarillo, TX | Personal Loan | $15,001 - $50,000 |

| Name William McClellan "Mac" Thornberry | Page ____ of ____ |
|---|---|

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Partner | Thornberry Brothers, Cattle Business - Clarendon, TX |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | Peterson, Farris, Doores & Jones - Amarillo, TX | Retirement Account, terminated September 26, 1996 |

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NC INSIDE MAIL

| UNITED STATES HOUSE OF REPRESENTATIVES<br>FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996 | FORM A<br>For use by Members, officers, and employees |
|---|---|

JOHN R THUNE (Full Name)

2779 N. WAKEFIELD ST. ARLINGTON, VA 22207 (202)225-3861
(Mailing Address) Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State SD Distrct AL | ☐ Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | | ☐ Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☑ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☑ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUS. S**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** John R Thune

**DATE** (Month/Day/Year) 5/10/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SOUTH DAKOTA MUNICIPAL LEAGUE | Salary | $11,500 |
| | Community Bible Church | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN R THUNE



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Mega Corp. Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | X | | | | | | |
| JT | Southwest Securities | | | X | | | | | | | | | | X | | X | X | | | | | X | | | | | | | |
| JT | FIDELITY MAGELLAN GRA) | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | VOYAGEUR NAT INSURED | | | X | | | | | | | | | | | | | X | X | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN R THUNE



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | PIONEER II (IRA) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | ICA (IRA) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | SELIGMAN FUND | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| ~~JT~~ | SDRS RETIREMENT | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | NORWEST BANK CHECKING | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| ~~JT~~ | ~~CONGRESSIONAL FEDERAL CREDIT UNION CHECKING & SAVINGS~~ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name JOHN R THUNE



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | General Motors Common Stock | | X | | 12/6/96 | X | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Executive Director | South Dakota Municipal League |
| Board of Directors | National League of Cities |
| ~~Board of Elders~~ | ~~Community~~ |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 5/12/97 | SD MUNICIPAL LEAGUE / JOHN THUNE | LEAVE OF ABSENCE 2/1/96 - 6/30/96 |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:09

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED

MC

(Office Use Only)

Karen Thurman
(Full Name)

9067 SW 190th Avenue Road
(Mailing Address)

Dunnellon FL 34432

Daytime Telephone: 202 225 1002

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State FL District 05 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Karen A. Thurman

DATE (Month/Day/Year): 5/15/97

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Florida | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| SP<br>DC<br>JT | *Examples:* SP Mega Corp. Stock<br>123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | IRA- Midstate Federal | $1,001 - $15,000 | NA | NA | |
| SP | IRA- Midstate Federal | $1,001 - $15,000 | NA | NA | |
| SP | Deferred Compensation: State of Florida- Aetna Insur. | $15,001 - $50,000 | | None - $200 | |
| SP | SunBank- Dunellon, FL | None - $1,000 | | None - $200 | |
| | Dunellon Savings Bank | None - $1,000 | | None - $200 | |
| DC | Fl. Prepaid College Tuition ( Two Accounts) | $1,001 - $15,000 | | None - $200 | |
| | 12097 Palmetto Way, Dunellon, FL | $100,001 - $250,000 | Rent | $201 - $1,000 | |
| | Wright-Patman CFCU | None - $1,000 | Interest | None - $200 | |
| | 1515 Paul Russell Rd. Tallahassee, FL | $15,001 - $50,000 | Rent | None - $200 | |

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## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Barnett Bank, Inverness FL | 1/3 Guarantor on loan | $15,001 - $50,000 |
| SP | Barnett Bank, Inverness FL | 1/3 Guarantor on loan | $15,001 - $50,000 |
| | Barnett Bank, Inverness FL | 1/3 Guarantor on loan | $10,001 - $15,000 |
| SP | Barnett Bank, Inverness FL | 1/3 Guarantor on loan | $10,001 - $15,000 |
| | Dunnellon State Bank, FL | Mortgage on 12097 Palmetto, Dunnellon FL | $50,001 - $100,000 |
| | Barnett Bank, Inverness FL | Mortgage on 1515 Paul Russell st, Tallahassee, FL | $50,001 - $100,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propnetor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Member- Board of Directors (unpaid) | FL Future Farmers of America Foundation |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1982 | Marion County School Board | Leave of absence durnig period of government service |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 4:30

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

William Todd Tiahrt
(Full Name)

1329 Amity
(Mailing Address)

Daytime Telephone
202-225-6216

Goddard, KS 67052

HAND DELIVERED
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State District KS 4TH | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☐ No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☐ No [X]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Todd Tiahrt

DATE (Month/Day/Year): 5/14/97

3558

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William Todd Tiahrt



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | BLOCK A Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | Boeing Common Stock | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | AT&T Common Stock | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | United Gold & Government Fund | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Charles Schwab Account | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Boeing Credit Union | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | KPERS (KS Employee Retirement) | | X | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Todd Tiahrt

Page 3 of 3

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Boeing Retirement Program | | | | | X | | | | | | | | | | | | | | | | N/A | | | | | | | |
| DC | Suburban West State Bank | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | Lucent Technologies | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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TODD TIAHRT
4TH DISTRICT, KANSAS
ASSISTANT MAJORITY WHIP

APPROPRIATIONS COMMITTEE
REPUBLICAN POLICY COMMITTEE

97 JUN -3 PM 3:10

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

HAND DELIVERED

June 3, 1997

Robin Carle
Clerk of the House
Office of Records & Registration
B-106 Cannon
Washington, DC 20515

Dear Madame Clerk:

I write this letter to file precise amendments and clarify any differences that occur among my 1994, 1995 and 1996 annual financial disclosure statements.

In the amendment to my 1994 statement I disclosed all my assets, including those which did not meet the threshold requirements for public disclosure. I then submitted my 1995 annual statement; however, the accountant I had retained only listed those assets which met the threshold requirements.

I asked my personal accountant to compile the information for the 1996 annual statement, and he submitted all my assets. **Therefore, the amendment for the 1994 statement and the 1996 annual statement both list all my financial assets, regardless of value, but the 1995 annual statement only contains those assets I was required to list.** I understand that it is up to my discretion whether or not to list those assets which do not meet the threshold requirements. However, I also realize that using a different standard for 1995 might have caused some confusion.

I hope the following clarifies any questions you might have had about investments that did not appear on the 1995 annual statement.

1. Walmart Stock was held in the Charles Schwab & Co., Inc. account, but was the only part of that portfolio which met the threshold requirements. Therefore, Walmart is listed as an asset in the 1995 annual statement. However, for the 1996 annual statement my accountant listed the Charles Schwab account, which included the Walmart stock and another asset which does not meet the threshold requirements. Please note that the Charles Swabb (sic) account in the 1995 annual statement and the Charles Schwab account in the 1996 statement are the same account.

WICHITA
155 NORTH MARKET, SUITE 400
WICHITA, KS 67202
(316) 262-8992 · FAX (316) 262-5309

WASHINGTON
428 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6216 · FAX (202) 225-3489
TIAHRT@HR.HOUSE.GOV
HTTP://WWW.HOUSE.GOV/TIAHRT/WELCOME.HTML

INDEPENDENCE
325 NORTH PENN, SUITE 9
INDEPENDENCE, KS 67301
(316) 331-8056 · FAX (316) 331-3728

2. The Boeing Co. retirement fund had been incorrectly listed as a joint account in 1995. My accountant corrected this classification in the 1996 annual statement since it is a retirement account accumulated directly through my tenure at The Boeing Co., and is not a joint asset.

3. The KPERS (Kansas Public Employees Retirement System) account was incorrectly listed as a joint account in 1995, but again, my accountant corrected this classification for the 1996 annual statement since it is a retirement account accumulated directly through my service as a Kansas state senator, and so is not a joint asset.

4. The Boeing stock in prior years has been incorrectly listed as jointly owned, but my accountant reviewed the 1996 Form 1099-DIV, and corrected this stock listing for the 1996 annual statement to reflect that it is owned individually. In 1995 the stock did not exceed the threshold amount, so it was not reported.

5. The AT&T stock was not listed in 1995 because it did not meet the threshold. However, as described above all investments have been disclosed in 1996, regardless of the threshold.

6. United Gold and Government Fund was owned in 1994, 1995 and 1996, and is a separate fund contained in the family of funds of the United Group of Funds. In 1996 it was correctly listed as the United Gold and Government Fund, and is the same asset listed in the 1994 amended statement as United Investors Mutual Fund. In 1995 the fund did not exceed the threshold amount, so it was not reported.

7. New savings assets were created in 1996 at the Boeing Credit Union and Suburban West State Bank.

8. Lucent Tech stock was reported in the 1996 annual statement as a new asset arising from the tax-free spin-off from the previously reported AT&T stock. This asset was not included on a Schedule IV. The spin-off date was Sept. 30, 1996 and the value on that date was under $1000.

Thank you for accepting these amendments and clarifications. If there is any additional information needed, please contact me.

Sincerely,

Todd Tiahrt
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -8 AM 9:20

U. . . . ATIVES

John F. Tierney (Full Name)
23 Beach Avenue (Mailing Address)
Salem, Ma. 01970

Daytime Telephone 508-745-7663

MC INSIDE MAIL (Office Use Only) (7)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: MA. District: SIXTH | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John F. Tierney

DATE (Month/Day/Year): 4.31.97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Tierney, Kalis & Lucas 133 Washington St. Salem Mk | Partnership Distr'n | 124,915- |
| | TALK REALTY TRUST | Rental income Distr'n | 9,370 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John F. Tierney



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, or E |
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | TALK REALTY TRUST - 1/4 133 WASHINGTON STREET SALEM MA | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | EMANON TRUST - 1/8 N. PINE ST. SALEM MA | | | | | X | | | | | | | | X | | | | | X - | | | | | | | | | | |
| | TIERNEY KALIS & LUCAS' BANKING ACCOUNTS - 1/3 | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Personal Promissory Notes (3) | | | | | X | | | | | | | | none | | | | | X | | | | | | | | | | |
| | Eastern Bank Account | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John F. Feeney

Page 4 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name John F. Tierney



| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Partnership Interest - Tierney, Kelly, Lewis | | X | | 12·31·96 | | | | X | | | | | | |

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3567

Name John F. Tierney | Page 6 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Eastern Bank Salem Ma. (14) | Mtg on 133 Washington St. | | | | X | | | | | | |
| | Heritage Co-op Bank - Salem, Ma. 1/8 | Mtg on Paterson Trust property 1/8 | | | | | | 1/8 | | | | |
| | (Liability is held to Trust, of which my interest in Trust is 1/8) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner - Law Firm | Tierney, Kalis & Lucas |
| Trustee | Board of Trustees, Salem State College |
| Past Pres, current Director | Board of Directors, Alumni Association Salem State College |
| Trustee | TALK & EMMANUEL TRUSTS (for part of year) |
| Bd of Dir Member only | Salem Chamber of Commerce |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 12.31.96 | Tierney, Kalis & Lucas / Robert E. Kalis; Henry A. Lucas with John F. Tierney | Buyout of Partnership interest with partial payment for their balance on or before date specified in agreement |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY 13 PM 4:52

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Esteban Edward Torres
(Full Name)

2269 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515 (202) 225-5256
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State CA District 34 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Esteban E. Torres

**DATE** (Month/Day/Year) 5-13-97

3570

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Chrysler | Pension | 14,292.00 |
| | United Auto Workers | Pension | 4,410.00 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples | Association of American Associations, Wash., D.C | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | Advance (America's Economic Development Venture for Area Neighborhoods, Communities, + Enterprises) | Speech | Jan. 26, 1996 | $250.00 |
| | Hispanic Link | article | Sept. 2, 1996 | $25.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None = $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | X | X | X | P |
| | 123 Main St., Dover, Del. | X | X | X | |
| | 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | Wright Patman Credit Union Accounts | X | X | X | |
| JT | Dean Whitter American Value Mutual Fund | X | X | X | |
| JT | Dean Whitter Pacific Growth Mutual Fund | X | X | X | |
| JT | Rental Home 10019 Lomond Dr. Manassas, VA | X | X | X | |
| | IRA, WRIGHT PATMAN CONGRESSIONAL CREDIT UNION | X | | | |
| JT | MERRILL LYNCH - UNIVISION | X | X | X | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rep Esteban E. Torres



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P, S, E |

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## SCHEDULE IV — TRANSACTIONS

Name Rep. Eskban E. Torres | Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | MERRILL LYNCH - UNIVISION | | X | | | 12.24.96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Inland Mortgage Co. | Mortgage on 10019 Lomond Manassas, VA | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| America's Economic Development Venture for Area Neighborhoods, Communities & Enterprises | 1/26 - 1/27 | Wash. DC - L.A. - Wash D.C. | Y | Y | N | N |
| Southwest Voter Research Institute | 2/16 - 2/17 | L.A. - San Antonio, Tx - L.A. | Y | Y | N | N |
| Harvard University | 3/18 - 3/19 | Wash DC - Boston - Wash DC | Y | N | N | N |
| Hispanic PAC | 2/5 | Wash DC - N Y - Wash DC | N | Y | N | N |
| Univision | 4/16 - 4/17 | Wash DC - Miami - Wash DC | Y | N | Y | N |
| Aspen Institute | 5/24 - 5/28 | Wash DC - Bermuda - Wash DC | Y | Y | Y | N |
| Aspen Institute | 8/19 - 8/24 | Wash DC - St Petersburg, Russia - Wash DC | Y | Y | Y | N |
| Southwest Voter Research Institute | 12/5 - 12/10 | Wash DC - Havana, Cuba - Wash DC | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Regent | Smithsonian Institution |
| Trustee | San-American Development Foundation |
| Trustee | U.S. Committee - U.N Children's Emergency Fund (UNICEF) |
| Advisor | National Democratic Institute for International Affairs |
| Director | National Association of Latino Elected & Appointed Officials (NALEO) |
| Vice-Chairman | Congressional Hispanic Caucus Institute, Inc. |
| Director | Coalition for Democratic Values |
| Member | UNA-USA Panel on UNESCO |
| Advisor | Big Brothers of Greater Los Angeles |
| Member | Southwest Voter Research Institute |
| Chairman | Hispanic Political Action Committee, Inc. |
| Advisor | U.S. Marshal and Police Officers Association |
| Member | Hispanic Education Fund |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Edolphus Towns
(Full Name)

286 Highland Boulevard
(Mailing Address)

Brooklyn, New York 11207

Daytime Telephone (202) 225-5936

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NY District: 10 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** E. Towns

**DATE** (Month/Day/Year) 5/15/97

3579

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Interfaith Medical Center | Spouse Salary | NA |
| | New York City Board of Education | Spouse Pension | NA |
| | Bridge Street AME Church | Approved Religious Service | $500 |
| | Canaan Missionary Baptist Church | " " | $125 |
| | Trinity Baptist Church | " " | $150 |
| | New Hope Baptist Church | " " | $200 |
| | Zion Shiloh Baptist Church | " " | $300 |
| | Holy Cross Remanent Church | " " | $200 |
| | Nazarene Congregational United Church of Christ | " " | $135 |
| | Brown Memorial Baptist Church | " " | $285 |
| | Bethel Baptist Church | " " | $150 |
| | First Baptist Church of Brownsville | " " | $200 |
| | | | |
| | | | |
| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name E. Towns | Page 3 of ___ |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples.* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Connell Company | Speech | April 1,1996 | $2000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name E. Towns

Page 5 of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001– $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Prudential Insurance | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Mutual of America | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | NY Municipal Bond Fund | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name E. Towns

Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP. | *Examples* | SP. | Mega Corp Stock | | | | X | | | | | | | X | | | | | | X | | | | | | | | | P |
| DC. | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | X | | | | | | |
| | | | Wright-Patman FCU | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | Republic National Bank of NY | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | | | East NY Savings Bank | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | | | National Westminister Bank | | X | | | | | | | | | | | X | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name E. Towns

Page ____ of ____

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | none | | | | | | | | | | | | | | | |

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| Name | E. Towns | Page ___ of ___ |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | none | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| none | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name E. Towns | Page ___ of ___

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Soochow University | Feb12-19 | Wash. D.C.-Taiwan-WDC | y | y | n | n |

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| Name E. Towns | Page ___ of |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Trustee | Shaw University |
| Board Member | Brookdale Medical Center |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27. NONE

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

JAMES A. TRAFICANT, JR.
17TH DISTRICT, OHIO

COMMITTEE
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
RANKING DEMOCRAT: PUBLIC BUILDINGS AND ECONOMIC DEVELOPMENT
AVIATION

COMMITTEE
SCIENCE
SUBCOMMITTEES
SPACE

HAND DELIVERED

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515–3517**

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 22 PM 3:00
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

2463 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5261

1336 MARKET STREET
YOUNGSTOWN, OH 44503
(216) 743-1514

5555 YOUNGSTOWN-WARREN ROAD
SUITE 503
NILES, OH 44446
(216) 652-5649

109 WEST 3RD STREET
EAST LIVERPOOL, OH 43920
(216) 385-5321

May 21, 1997

(9)
MC

The Honorable Robin H. Carle
The Clerk, United States House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515-6612

Dear Ms. Carle:

Please find enclosed a copy of my 1996 Financial Disclosure Statement. The filing is late due to an oversight on my part. I misplaced the form and accept full responsibility for doing so.

I respectfully request that this letter be included as part of the official record of my filing statement.

Should you have further questions, please do not hesitate to contact me at 225-5261.

Respectfully,

James A. Traficant, Jr.
Member of Congress

JAT/cm

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 22 PM 3:06
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

**HAND DELIVERED**
(Office Use Only)

James A. Traficant Jr.
(Full Name)

429 North Main Street
(Mailing Address)

Daytime Telephone
(330) 743-1914

Poland, Ohio 44514

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State Ohio District 17th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** [signature]

**DATE** (Month/Day/Year) 5/22/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | LeImage Styling Salon | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

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## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James A. Traficant, Jr.



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| sp | 13628 West Middletown Road | | | | | | x | | | | | | | gas royalty | | | | | | x | | | | | | | | | | |
| | Aceto Corp. Stock | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| | Congressional Fed. Credit Union | | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | |
| sp | lot #242 Matthews Road, Boardman, OH | | | | x | | | | | | | | | none | | | | | | x | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name James A. Traficant, Jr.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Internal Revenue Service | tax payment | | | | X | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NONE | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Northeast Ohio Energy Research and Development, Inc. |
| Trustee | Evening of Music, Inc. |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 4:48
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

James William (Jim) Turner
(Full Name)

P. O. Box 780 Crockett, Texas 75835 409 544-8644
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State Texas, District 2nd | [ ] Officer or Employee — Employing Office | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Jim Turner

**DATE** (Month/Day/Year) May 13, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Law office of Jim Turner, Crockett, TX | legal fees | $151,261 |
| | Texas Senate, Austin, TX | salary | $ 7,200 |

**For payments to charity in lieu of honoraria, use Schedule II.**

3598

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim Turner



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Turner Hardware & Construction Inc. stock | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Citizens National Bank stock Crockett TX | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Louisiana - Pacific stock | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Schwab Money Market Fund | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | U.S. Treasury Series E Bonds | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Bank One, Austin TX accounts | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Turner



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | First National Bank Crockett accounts | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | 3.7 ac. Masters Svy. Crockett | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | Lot & Bldg. 603 E. Goliad Crockett, TX | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Lot & House, Beckham Svy. Houston Co., TX | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Duplex, Homewood Drive Crockett, TX | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Lot 13, Blk. B, Tremont Sec. 1 Austin, TX | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 301 ac. of land, Conner A-24& Ansley A-145 Houston Co.TX | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | |
| | 385 ac. ranch, Bodilla Svy. Houston Co. TX | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | |
| | business personal property Crockett, TX | | | | X | | | | | | | | | | | | | | * | | | | | | | | | | |
| | Hughes & Luce retirement plan | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| SP | Estate of Sophia Ward | | | | | | X | | | | | | X | | X | | | | | | | | | X | | | | | |
| DC1 | Congressional Fed Credit Union acct. | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC1 | First National Bank Crockett TX acct. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| DC1 | Citizens National Bank Crockett, Tx | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| DC1 | Stein Roe Growth Stock Fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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*included in legal income Sch. 1

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Turner



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | 1 Stein Roe Special Fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | 1 Nicholas Fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | 1 Edward D. Jones | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | 1 Vanguard Star Fund | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | 2 First National Bank acct. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| DC | 2 Charles Schwab Fund | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| sole proprietorship | Jim Turner, Attorney at Law |
| Vice President & Director | Turner Hardware & Construction, Inc. |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

3602

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 APR 16 PM 3:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) (4)

Robert A. Underwood
(Full Name)

U. S. House of Representatives, 424 Cannon H.O.B., Wash., DC 20515
(Mailing Address) Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District: Guam At-Large | [ ] Officer or Employee | Employing Office | |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert A. Underwood

DATE (Month/Day/Year): 4/15/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Jefferson University | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Government of Guam Retirement Fund | Retirement Fund | $69,186 |

**For payments to charity in lieu of honoraria, use Schedule II.**

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Name Robert A. Underwood | Page 3 of 4

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP/DC/JT | Asset and/or Income Source | None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX Over $1,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp. Stock | | | | X | | | | | | X | | | | | | | | | | | | | | | | P |
| DC | *Examples* 123 Main St., Dover, Del. | | | | | | | X | | | | X | | | | | | | | | | X | | | | | |
| JT | *Examples* 1st Bank of Peoria, IL accounts | | | | | X | | | | | | | X | | | | | | | X | | | | | | | |
| | Govt of Guam Credit Union | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Oppenheimer Funds (403B) | | | | X | | | | | | N/A | | | | | | | | | N/A | | | | | | | |
| SP | Oppenheimer Funds (404B) | | | X | | | | | | | N/A | | | | | | | | | N/A | | | | | | | |
| | Bank of Guam stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Mega Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Assoc. of Bil. Ed. | Mar 14-17 | DCA - Orlando - DCA | Y | Y | Y | N |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY -2 AM 9:05

U.S. ... REPRESENTATIVES

INSIDE MAIL

(Office Use Only)

Robert A. Underwood
(Full Name)

U. S. House of Representatives, 424 Cannon H.O.B., Wash., DC 20515
(Mailing Address) Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Guam District At-Large | [ ] Officer or Employee | Employing Office | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Robert A. Underwood

**DATE** (Month/Day/Year) 4/15/97

3607

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Jefferson University | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| Government of Guam Retirement Fund | Retirement Fund | $69,186 |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | Block B | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX Over $1,000,000 | P, S, E |
| SP, DC, JT | *Examples* SP Mega Corp. Stock | | | | X | | | | | | X | | | | | | | | X | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | X | | | | | | | | | X | | | | | | |
| | 1st Bank of Peoria, IL accounts | | | | | X | | | | | | | X | | | | | | | X | | | | | | | |
| | Govt of Guam Credit Union | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Oppenheimer Funds (403B) | | | | X | | | | | | N/A | | | | | | | | | N/A | | | | | | | |
| SP | Oppenheimer Funds (404B) | | | X | | | | | | | N/A | | | | | | | | | N/A | | | | | | | |
| | Bank of Guam stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Mega Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Assoc. of Bil. Ed. | Mar 14-17 | DCA - Orlando - DCA | Y | Y | Y | N |

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3610

ROBERT A. UNDERWOOD
GUAM

NATIONAL SECURITY COMMITTEE
SUBCOMMITTEES
MILITARY READINESS
MILITARY PERSONNEL
MILITARY INSTALLATIONS AND FACILITIES
RESOURCES COMMITTEE
SUBCOMMITTEE
NATIONAL PARKS AND PUBLIC LANDS

Congress of the United States
House of Representatives
Washington, DC 20515–5301

WASHINGTON OFFICE
424 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-5301
PH. (202) 225-1188
FAX (202) 226-0341
e mail. guamrodc@hr.house.gov

GUAM OFFICE
SUITE 107
120 FATHER DUENAS AVENUE
AGANA, GU 96910
PH. (671) 477-4272/3/74
FAX. (671) 477-2587

May 13, 1997

HAL. ...

Ms. Robin H. Carle
Clerk of the House
U.S. House of Representatives
c/o B-106 Cannon Building
Washington, D.C. 20515

Dear Ms. Carle:

On April 15, 1997 I filed my 1996 financial disclosure statement as required by law. This letter will serve as an amendment to that report.

On schedule III ("Assets and Unearned Income"), I listed a purchase which I made on August 20, 1996. The stock is with the Bank of Guam, Agana, Guam 96910 and the amount of the transaction is within catagory "B" (between $1,000 and $15,000).

Attached are 2 copies of this letter which are required with the filing of amendments to the original financial disclosure form.

Thank you for your attention to this matter.

Sincerely,

Robert A. Underwood
Member of Congress

Attachments

97 MAY 13 PM 2:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(12)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:53

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Frederick Stephen Upton
(Full Name)
P.O. Box 900; 285 R. Lyons
(Mailing Address)
St Joseph, MI 49085
Daytime Telephone 202-225-3761

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State MI District 6 | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Fred Upton

DATE (Month/Day/Year) 5-13-97

3612

| Name | Upton | Page 2 of 12 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Westminster Weekday Preschool | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

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| Name Upton | Page 3 of 12 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Cassidy & Property Group – money given to Kalamazoo Valley Museum | Speech | July 8, 1996 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Upton



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| DC JT | Whirlpool Stock | | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | |
| SP | J.L. Gourmand | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | US-UPS - Family Partnership | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Wolverine Exploration (Oil) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT DC | Upton Trust Accts (Compound C...) | | | • | | X | | | | | | | | X | | X | | | | | | | X | | | | | | |
| | • Benchmark Gov. Sec. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Upton



| BLOCK A Asset and/or Income Source (SP, DC, JT) | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (Upton Family trusts con't) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Cash | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Savings | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Mutual Funds {Youngman Schulz Fredericks} | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P-DC. |
| • Stykers | | | | X | | | | | | | | | | | | | | | | | | | | | | | | P-DC. |
| • U.S. Treas. notes | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vial Family Trusts {can not divest in 20 yrs. trust ends at my death} | | | | | | | | | X | | | X | | | | | | | | | | X | | | | | | |
| • Airtouch Com | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Cash | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| • Amositech | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Amoco | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • AT&T | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Bell Atlantic | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Bell South | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Exxon | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Kimberly Clark | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Upton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (VIAL Trusts Con't) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Lucent Tech | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • NYNEX | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pac-Tel | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pfizer | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | • SBC Com. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • U.S. West IncCom - Media | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • U.S. West Communications Group | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Wrigley | | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | • Fixed-income Securities Co-Agency | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Corporate Issues | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • American Express | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Hewlett-Packard | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • IBM | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • J. C. Penney | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Providian | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Upton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, E, S, P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (VIAL Trusts Con't) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Quaker Oats | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | First of Michigan Acct Composed of) | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | |
| | • Cranbrook Trust | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • AT&T | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Allstate | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Ameritech | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Amoco | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Bell Atlantic | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Bell South | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Chase Manhattan | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Disney | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | • Donnelly | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Fannie Mae | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Gannett | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Upton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (First of Michigan Cont) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • G.E. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • GM - Class H | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Lucent Tech | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • NCR Corp | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Orbital Sciences | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pepsico | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pfizer | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Perrigo | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pinnacle Financial | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Pharmacia - Upjohn | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Sears | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Shoreline Fin'l | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | • Stryker | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Southern | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • Warner Lambert | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Upton

Page 2 of 2

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|
| | [First of Michigan (Cont'd)] | A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST | I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000 | |
| | • Wrigley | F | DIVIDENDS | | |
| | • Van Kampen Am. Capital Cap. Soc. | B | | | |
| | • Seligman Mutual Fund | D | | | |
| | Cash Equiv. Fund | B | DIVIDENDS | IV | |
| | Mass. Inv Trust | C | DIVIDENDS | IV | |
| | Mass. Inv Growth | C | DIVIDENDS | V | |
| | Seligman Mutual Fund | | CAPITAL GAINS | III | |

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## SCHEDULE IV — TRANSACTIONS

Name Upton



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| DC | Stryker | X | | | 10-11-96 | X | | | | | | | | | |
| DC | Yacktman | X | | | 10 15-96 | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Greater Detroit Chamber of Commerce Annual Conference – Served on 2 legislative panels | 5/31 - 6/1 | Detroit → Mackinac Island | Y | Y | N | N |

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| Name | Page |
|---|---|
| Upton | 2 of 2 |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Co-Partner | US-UPS (Upton Family) } All non-compensated |
| General Partner | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | none | |

GPO 1997: 38-554 (mac)

Use additional sheets if more space is required.

3623

**FRED UPTON**
6TH DISTRICT, MICHIGAN

COMMERCE COMMITTEE
SUBCOMMITTEES
• HEALTH AND ENVIRONMENT
• ENERGY AND POWER
• TELECOMMUNICATIONS
TRADE AND CONSUMER PROTECTION

EDUCATION AND THE WORKFORCE COMMITTEE
SUBCOMMITTEES
• POSTSECONDARY EDUCATION
TRAINING AND LIFE-LONG LEARNING
• EARLY CHILDHOOD
YOUTH AND FAMILIES

97 JUN 12 AM 10:59

# Congress of the United States
## House of Representatives

PLEASE REPLY TO:
☐ 2333 RAYBURN BUILDING
WASHINGTON, DC 20515-2206
(202) 225-3761
☐ 157 SOUTH KALAMAZOO MALL
MALL PLACE, SUITE 180
KALAMAZOO, MI 49007
(616) 385-0039
☐ 800 CENTRE, SUITE 106
800 SHAW STREET
ST. JOSEPH, MI 49085
(616) 982-1986

E-MAIL ADDRESS
talk2.FSU@mail.house.gov

CHIEF OF STAFF
JOHN HILLEBRANDS

June 12, 1997

HAND DELIVERED

Robin Carle
Clerk
U.S. House of Representatives
B-106 Cannon
Washington, DC 20515

1
MC

Dear Ms. Carle:

I wish to make the following clarifications to my Financial Disclosure Statement for calendar year 1996

1) The cash portion of the Upton Trust Accounts is at Pinnacle Bank, St Joseph, Michigan.

2) The cash portion of the Vial Family Trusts is at Northern Trust, Chicago, Illinois.

3) Under the Vial Family Trusts, I was more detailed for calendar year 1996 than I was for 1995. What in 1995 was listed as Short-Term Investment Fund, was itemized into Cash, Fixed-Income Securities and Corporate Issues this year. This did not change the total assets of the Vial Family Trust.

4) There was a name change for an item listed under First of Michigan. What in 1995 was American Capital Securities is now VanKampen American Capital Securities.

5) On schedule VIII, I failed to list my general partnership in Wolverine Oil (The N. Antrim well), which is a non-compensated position.

Very truly yours,

Fred Upton
Member of Congress

THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE
THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY 14 PM 2:08 (4)
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Nydia M Velázquez
(Full Name)

1221 Longworth Building
(Mailing Address)

202-225-2361
Daytime Telephone

Washington DC 20515

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U S House of Representatives — State: NY District: 12 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Nydia M. Velázquez

DATE (Month/Day/Year): 05-14-97

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Nydia M Velázquez



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | 529 West 42nd St. Apt 7U, NY, NY | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Home Savings Bank | Mortgage on 529 W. 42nd St. NY, NY | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | N/A | N/A |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Instituto Cultural de Puerto Rico | 10/24 - 26 | N.Y. - P.R. - N.Y. | Y | Y | N | N |
| | P.R. Bar Association. Mass. | May 10-11 | D.C. - Boston - N.Y. | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 1:41

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

BRUCE F. VENTO
(Full Name)

2301 RHOB
(Mailing Address)

202-225-6631
Daytime Telephone

HAND DELIVERED

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State MN District 4 | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bruce F. Vento

DATE (Month/Day/Year): 5/15/97

9629

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

3630

Name BRUCE F. VENTO | Page 1 of 1

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| AVEDA CORP/ EARTH FOUNDATION TO: DOROTHY DAY CENTER ST PAUL, MN. | SPEECH | APRIL 4 1996 | 1000.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BRUCE F. VENTO | Page 1 of 2

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset and/or Income Source | A None = $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None = $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| DC | 123 Main St., Dover, Del. | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | WRIGHT PATMAN CFCU CERT / MM ACCOUNT. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | P/E |
| | WRIGHT PATMAN CFCU CHK / SAVINGS ACCTS | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | WRIGHT PATMAN C.U. IRA | | X | | | | | | | | | | | | X | | | | NA | | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BRUCE F. VENTO



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | KINNARD AND CO. MPLS, MN BONDS AND MMA | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | NORWEST BANK INV. ACCT TRENSURY BONDS & MMA | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | P |
| | MPLS. TEACHER RETIREMENT ACCT. | | X | | | | | | | | | | | | X | | | | | | N.A. | | | | | | | | |
| | MN. EMPLOYEE ANNUITY ACCT | | | | X | | | | | | | | | | | X | | | | | N.A. | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name BRUCE F. VENTO | Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | NORWEST INVESTMENT ACCT | | | | | | | | | | | | | | |
| | U.S. TREASURY BONDS | X | | | | | | | X | | | | | | |
| | WRIGHT PATMAN C.F.C.U. | | | | | | | | | | | | | | |
| | CERTIFICATES OF DEPOSIT | | X | X | | | | X | | | | | | | |

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Name BRUCE F VENTO | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | NONE | | | | | | |

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| Name | BRUCE F. VENTO | Page 1 of 1 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | — NONE — |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| SEPT 1976- PRESENT | BRUCE F. VENTO / MPLS SPECIAL SCHOOL DIST #1 | LEAVE OF ABSENCE WITHOUT COMPENSATION |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

J STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(2)

97 JUN -3 PM 2:55

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

BRUCE F. VENTO
(Full Name)

2304 RHOB
(Mailing Address)

202-225-6631
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State MN District 4th | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Do you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bruce F. Vento

DATE (Month/Day/Year): 6/3/97

3638

Name BRUCE F. VENTO | Page 1 of 1

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: SALE | Type of Transaction: EXCHANGE | Date (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | | | 10-12-96 | | X | | | | | | | | |
| | WRIGHT PATMAN CFCU. | | | | | | | | | | | | | |
| | W.D.C. 20515 | | | | | | | | | | | | | |
| | CERTIFICATE | X | | 12-12-95 | | | X | | | | | | | |
| | " | | X | 12-12-96 | | | X | | | | | | | |
| | CERTIFICATE | | | 9-27-96 | | X | | | | | | | | |
| | " | | X | 12-27-96 | | X | | | | | | | | |
| | NORWEST INVESTMENT | | | | | | | | | | | | | |
| | ST PAUL, MN 55101 | | | | | | | | | | | | | |
| | U.S. TREASURY BONDS | X | | 7-25-96 | | | | X | | | | | | |

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(4)

97 MAY 16 AM 9:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NC

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(Office Use Only)

97 MAY 16 AM 9:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

3640

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Honorable Peter J. Visclosky
(Full Name)

Post Office Box 10847
(Mailing Address)

Daytime Telephone:
202-225-2461

Merrillville IN 46411

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: IN District: 01 | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | | X |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | | X |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | | X |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | X | |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | | X |
| **EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.<br><br>For further information, see Instructions, pages 14-20 | at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP<br>DC *Examples:* SP 123 Main St., Dover, Del.<br>JT 1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT Merrill Lynch - cash magt. | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| DC John D. Visclosky Minority Trust | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| Legg Mason Wood Walker (IRA) U.S. Gov't. Intrmed. | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | P |
| DC Dodge & Cox Stock Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| DC Mutual Qualified Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| DC Dodge & Cox Stock Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| DC Mutual Qualified Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| DC | Dodge & Cox Stock Fund | Purchase | monthly | $1,001 - $15,000 |
| DC | Mutual Qualified | Purchase | monthly | $1,001 - $15,000 |
| DC | Dodge & Cox Stock Fund | Purchase | monthly | $1,001 - $15,000 |
| DC | Mutual Qualified Fund | Purchase | monthly | $1,001 - $15,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Trustee | Peter J. Visclosky Foundation, P.O. Box 10847, Merrillville, IN 46411 |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(4)

97 MAY 14 PM 12:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

James T. Walsh
(Full Name)

400 Broadview Drive
(Mailing Address)

Syracuse, New York 13215

Daytime Telephone
(202) 225-3701

Filer Status: [X] Member of the U.S. House of Representatives — State New York, District 25th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** James T. Walsh

**DATE** (Month/Day/Year) May 14 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Onlario County Board of Education | Spouse Salary | NA |
| | Onondaga Community College | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James T. Walsh



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Prudential Securitites IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rollover Accounts Holding The | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Following Assets: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * Van Kampen American Capital | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Gov't Securities Fund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | P,S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James T. Walsh



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | IRA Rollover A/C Holdings (cont'd): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * Purdential Allocation Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Balanced Portfolio - Class B | | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | P |
| | * Prudential Equity Income Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Class B | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | P |
| | * Equity Income Fund Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1st Exchange - Ser. AT&T | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| | * Merck & Co. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | * Sogen International Fund | | X | | | | | | | | | | X | | | | X | | | X | | | | | | | | | |
| | * Prudential Moneymart Fund | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | * Lucent Technologies, Inc. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | * Microsoft Corp. Washington | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | * National Equity Trust Low Five | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name James T. Walsh



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Van Kampen Amercian Capital Gov't - | | | | | | | | | | | | | | |
| | Securities Fund | X | | | Quarterly* | X | | | | | | | | | |
| | Van Kampen American Capital Gov't - | | | | | | | | | | | | | | |
| | Securities Fund | | X | | 6/18/96 | X | | | | | | | | | |
| | Prudential Alloc. Fund Balanced | | | | | | | | | | | | | | |
| | Portfolio Class B | X | | | Quarterly* | X | | | | | | | | | |
| | Prudential Equity Income Fund Class B | X | | | Quarterly* | X | | | | | | | | | |
| | Equity Income Fund Unit First Exchange | | | | | | | | | | | | | | |
| | Ser. AT&T | | X | | 12/5/96 | X | | | | | | | | | |
| | Lucent Technologies, Inc. | X | | | 12/2/96 | X | | | | | | | | | |
| | Microsoft Corp. Washington | X | | | 12/2/96 | X | | | | | | | | | |
| | National Equity Trust Low Five | X | | | 6/18/96 | X | | | | | | | | | |
| * | SHS Acq'd Under Div. Reinv. Plan | | | | | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Erie Canal Museum |
| Director | Kidney Foundaiton - CNY Chapter |
| Trustee | Vera House |
| Director | Everson Museum |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | New York State and Local Retirement Systems | Pension Plan Interest Available At Retirement Age |
| N/A | NYNEX | Pension Plan Interest Available At Retirement Age |
| | | |
| | | |
| | | |
| | | |



Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 19 PM 4:27

MAY 15 1997

(Office Use Only)

Zachary P. Wamp
(Full Name)

2044 Marina Cove Drive
(Mailing Address)

Hixson, TN 37343

Daytime Telephone
(423) 842-0732

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State District | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [ ] | No [X] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Zach Wamp

DATE (Month/Day/Year): 5/14/97

3650

## SCHEDULE IV — TRANSACTIONS

Name Zachary P. Wamp



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | 2000 Bay Pointe Drive<br>Lot - Hixson, TN | | X | | 9-10-96 | | X | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY 15 PM 5:25

HAND DELIVERED

MC (Office Use Only)

MAXINE WATERS (Full Name)

555 SOUTH FLOWER STREET, SUITE 4510 (Mailing Address)

LOS ANGELES, CA 90071 (213) 489-4792 Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 35 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maxine Waters

DATE (Month/Day/Year): 5/15/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | United States Department of State | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Essence Communications | Moderator for workshop | July 5-7,1997 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MAXINE WATERS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| SP | FOUNDERS NATIONAL BANK OF LOS ANGELES | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | CONGRESSIONAL FEDERAL CREDIT UNION | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | NEW YORK LIFE INSURANCE COMPANY | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| SP | KEMPER CA TAX FREE FUND (HELD BY MERRILL LYNCH) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | AMERICAN GOLF JT. VENTURE | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | ESSENCE COMMUNICATIONS | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MAXINE WATERS



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | TRACT UNIT 3557,LOT 96; KERN CO.,CA | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | 417 PEARL ST., COMPTON, CA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| SP | 2201 KIRK ST.,HOUSTON, TX | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | 1520-22 MEADOWBROOK, LOS ANGELES, CA | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | 3475 MT. VERNON, LOS ANGELES, CA | | | | | | X | | | | | | | X | | | | | X | | | | | | | | | | |
| SP | 701 W. BARSTOW, PALM SPRINGS, CA | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | FAMILY SAVINGS | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | MERRILL LYNCH MONEY MKT. (IRA) | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | KEYSTONE SMALL C.FUND (IRA) | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | MERRILL LYNCH CAP.FUND (IRA) | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | GLOBAL ALLOCATION FUND (IRA) | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | MERRILL LYNCH MONEY MKT. (IRA) | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | US TREASURY TIGR SERIES 1 (IRA) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| SP | MERRILL LYNCH CAP.FUND (IRA) | | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | |
| SP | GLOBAL ALLOCATION FUND (IRA) | | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MAXINE WATERS



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | SMALL CAP WORLD FUND (IRA) | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | MERRILL LYNCH MONEY MKT. | | | X | | | | | | | | | X | | X | X | | | | X | | | | | | | | | |
| SP | MERRILL LYNCH CAP.FUND | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | GLOBAL ALLOCATION FUND | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| SP | FOUNDERS NATIONAL BANK | MORTGAGE ON 1520-22 MEADOWBROOK, LOS ANGELES, CA | | | | X | | | | | | |
| | FAMILY SAVINGS BANK | MORTGAGE ON 3475 MT.VERNON, LOS ANGELES, CA | X | | | | | | | | | |
| SP | METMOR FINANCIAL INC. | MORTGAGE ON 417 PEARL ST., COMPTON, CA | | | X | | | | | | | |
| SP | FOUNDERS NATIONAL BANK | CREDIT LINE | | X | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | African Amer.Assoc.of Hawaii | Jan.11-13 | LA-Honolulu-LA | Y | Y | N | N |
| | National Newspaper Publish.Assoc. | Jan.24-26 | Washington,D.C.-Nassau-LA | N | Y | N | Y |
| | National Bar Association | Feb.2-5 | Washington,D.C.-Nassau | N | N | N | Y |
| | Selma Civil Rights Museum | Mar.2 | Wash.,D.C.-Montgomery-Chicago | Y | Y | N | N |
| | Kansas City Globe | Mar.9 | Wash.,D.C.-Kansas City-LA | N | N | N | N |
| | Louisiana League of Good Govern. | Mar.30 | Wash.,D.C.-New Orleans-Nassau | N | N | N | N |
| | North Carolina A & T | Apr.19-22 | Wash.,D.C.-Charlotte-Wash.,D.C. | N | Y | Y | Y |
| | NAACP Legal Defense Fund | Apr.19-22 | (none) | Y | Y | Y | Y |
| | Essence Communications | Apr.26-27 | Wash.,D.C.-New York-Wash.,D.C. | Y | Y | Y | Y |
| | Faith Deliverance Christian Center | May 3-4 | Wash.,D.C.-Norfolk-LA | Y | Y | N | N |
| | So.Carolina Legisl.Black Caucus | May 11 | Wash.,D.C.-Columbus-LA | Y | Y | N | N |
| | Quentis Garth Scholarship Found. | May 18-19 | Wash.,D.C.-Chicago-Wash.,D.C. | Y | Y | Y | Y |
| | Essence Communications | July 5-8 | Nassau-New Orleans-Wash.,D.C. | Y | Y | Y | Y |
| | United Steelworkers of America | Aug.7-8 | Wash.,D.C.-Pittsburg-Atlanta | Y | Y | N | N |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Urban League | Aug.11-12 | Jackson-New Orleans-Nassau | Y | N | N | N |
| | St.Louis Gateway Classic Found. | Sept.20-22 | Wash.,D.C.-St.Louis-LA | Y | Y | N | Y |
| | Baltimore City Comm.Relations Comm. | Sept.27 | Wash.,D.C.-Baltimore-Wash.,D.C. | N | Y | N | N |
| | New Jersey Black Issues Convention | Oct.4-6 | LA-Newark-Los Angeles | Y | Y | N | N |
| | Morehouse College | Oct.19-20 | Louisville-Atlanta-Philadel. | Y | N | N | N |
| | Detroit City Council Task Force | Oct.24-25 | Wash.,D.C.-Detroit-Las Vegas | Y | N | N | N |
| | West Coast Black Publis.Assoc. | Oct.25-26 | Las Vegas-Los Angeles | Y | Y | N | N |
| | Bermuda Progressive Labour Party | Nov.9-10 | Wash.,D.C.-Bermuda-LA | Y | Y | N | N |
| | Carribean Banana Exporters Assoc | Dec.2-6 | Wash.,D.C.-Baltimore-Jamaica-Antiqua-Dominica-St.Lucia-Baltimore-Wash.,D.C. | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Essence Communications |
| President | Black Women's Forum |
| Director | Gourmet Services |
| Director | Transafrica Foundation |
| Director | National Commission for Economic Conversion & Disarmament |
| Director | Minority AIDS Project |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

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Use additional sheets if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Clara Elizabeth Jackson Carter Foundation, Spellman College |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996** | For use by Members officers, and employees

HAND DELIVERED
97 JUN 12 PM 4:14

MAXINE WATERS
(Full Name)

555 SOUTH FLOWER STREET, SUITE 4510
(Mailing Address)

LOS ANGELES, CA 90071

(213) 489-4792
Daytime Telephone

MC
(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U S House of Representatives | State CA District 35 | [ ] Officer or Employee — Employing Office |
| Report Type | [X] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

3

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11 ) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL — Maxine Waters — DATE (Month/Day/Year) 5/13/97

Maxine Waters — 6/12/97

3663

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | African Amer.Assoc.of Hawaii | Jan.11-13 | LA-Honolulu-LA | Y | Y | N | N |
| | National Newspaper Publish.Assoc. | Jan.24-26 | Washington,D.C.-Nassau-LA | N | Y | N | N |
| | National Bar Association | Feb.2 | Washington,D.C.-Nassau | N | N | N | N |
| | Selma Civil Rights Museum | Mar.2 | Wash.,D.C.-Montgomery-Chicago | Y | Y | N | N |
| | Kansas City Globe | Mar.9 | Wash.,D.C.-Kansas City-LA | N | N | N | N |
| | Louisiana League of Good Govern. | Mar.30 | Wash.,D.C.-New Orleans-Nassau | N | N | N | N |
| | NAACP Legal Defense Fund & North Carolina A & T | Apr.19-22 | Wash.,D.C.-Charlotte-Wash.,D.C. | N | Y | Y | 1 Day |
| | | | | | | | |
| | Essence Communications | Apr.26-29 | Wash.,D.C.-New York-Wash.,D.C. | Y | Y | Y | 2 Days |
| | Faith Deliverance Christian Center | May 3-4 | Wash.,D.C.-Norfolk-LA | Y | Y | N | N |
| | So.Carolina Legisl.Black Caucus | May 11 | Wash.,D.C.-Columbus-LA | Y | Y | N | N |
| | Quentis Garth Scholarship Found. | May 17-19 | Wash.,D.C.-Chicago-Wash.,D.C. | Y | Y | Y | N |
| | Essence Communications | July 5-8 | Nassau-New Orleans-Wash.,D.C. | Y | Y | Y | N |
| | United Steelworkers of America | Aug.7-8 | Wash.,D.C.-Pittsburg-Atlanta | Y | Y | N | N |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | National Urban League | Aug.11-12 | Jackson-New Orleans-Nassau | Y | N | N | N |
| | St.Louis Gateway Classic Found. | Sept.20-22 | Wash.,D.C.-St.Louis-LA | Y | Y | N | N |
| | Baltimore City Comm.Relations Comm. | Sept.27 | Wash.,D.C.-Baltimore-Wash.,D.C. | N | Y | N | N |
| | New Jersey Black Issues Convention | Oct.4-6 | LA-Newark-Los Angeles | Y | Y | N | N |
| | Morehouse College | Oct.19-20 | Louisville-Atlanta-Philadel. | Y | N | N | N |
| | Detroit City Council Task Force | Oct.24-25 | Wash.,D.C.-Detroit-Las Vegas | Y | N | N | N |
| | West Coast Black Publis.Assoc. | Oct.25-26 | Las Vegas-Los Angeles | Y | Y | N | N |
| | Bermuda Progressive Labour Party | Nov.9-10 | Wash.,D.C.-Bermuda-LA | Y | Y | N | N |
| | Carribean Banana Exporters Assoc | Dec.2-6 | Wash.,D.C.-Baltimore-Jamaica-Antiqua-Dominica-St.Lucia-Baltimore-Wash.,D.C. | Y | Y | N | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 5:12

U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

7

Wesley Wade Watkins
(Full Name)

2312 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4565

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State OK District 03 | Officer or Employee | Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes [ ] | No [X] |
| **EXEMPTION**. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: X Wes Watkins

DATE (Month/Day/Year): May 14, 1997

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | World Export Services, Inc., Stillwater, OK | Spouse Salary | $24,000 00 |
| | Heartland Wireless Communication, Richardson, TX | Spouse Salary | $12,000 00 |
| | Heartland Wireless Communication, Richardson, TX | Director's Fees | $7,000 00 |
| | The Bank, N A., Stillwater, OK | Director's Fees | $2,400 00 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used<br>If an asset was sold and is included only because it generated income, the value should be "None" | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income | indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| SP, DC, JT *Examples* SP Mega Corp Stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| SP 123 Main St , Dover, Del | $250,001 - $500,000 | Rent | $1,001 - $2,500 | |
| 1st Bank of Paducah, KY accounts | $50,001 - $100,000 | Interest | $5,001 - $15,000 | |
| JT World Export Services, Inc., Stillwater, OK | $100,001 - $250,000 | Capital Gains | $15,001 - $50,000 | |
| JT Personal Loan to World Export Services, Inc , Stw, OK | $100,001 - $250,000 | Interest | $5,001 - $15,000 | |
| JT Vanguard Variable Annuity, Kansas City, MO | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | |
| JT Franklin Valuemark Variable Annuity, LaJolla, CA | $100,001 - $250,000 | N/A - Pension Plan | NA | |
| JT Lincoln Fixed Annuity, Ft. Wayne, IN | $100,001 - $250,000 | Interest | $5,001 - $15,000 | |
| JT Western Reserve Life Annuity, Clearwater, FL | $15,001 - $50,000 | Annuity | $1,001 - $2,500 | |
| JT Janus Mutual Funds, Denver, CO | $50,001 - $100,000 | N/A - IRA | | |
| JT Investco Mutual Fund Group, Denver, CO | $50,001 - $100,000 | N/A - IRA | | |
| JT American Century Funds, Kansas City, MO | $50,001 - $100,000 | N/A - IRA/Pension Plan | | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | Stock, Heartland Communication, Richardson, TX | $100,001 - $250,000 | Capital Gains | None - $200 | |
| JT | Personal loan to Nancy Steanson to purchase condo (Windrock #16) Stillwater, OK | $50,001 - $100,000 | Repayment of loan | $5,001 - $15,000 | |
| JT | Treasury Securities Invest Financial Corp , Stillwater, OK | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| JT | CD, The Bank N A , Stillwater, OK | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| JT | Personal Savings, Edward D Jones, Stillwater, OK | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | TIAA/CREF, NY, NY | $15,001 - $50,000 | Educ Retirement Invest Acct | $201 - $1,000 | |
| | CREF, NY, NY | $15,001 - $50,000 | Educ Retirement Invest Acct | $201 - $1,000 | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| JT | Treasury Securities-Invest Financial Corp., Stillwater, OK | Sold | 1996 | $50,001 - $100,000 |
| JT | CD, The Bank, N.A., Stillwater, OK | Sold | 1996 | $50,001 - $100,000 |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Director (Resigned, 12/31/96) | Heartland Wireless Communications, Inc., Richardson, TX |
| President/Director (Resigned, 12/31/96) | World Export Services, Inc., Stillwater, OK |
| Director (Resigned 12/31/96) | The Bank, N.A., Stillwater, OK |

## SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1995 | World Export Services, Inc., Stillwater, OK | Personal loan to purchase real estate and vehicle with monthly repayment schedule |
| 1993 | World Export Services, Inc., Stillwater, OK | Company approved Defined Benefit Pension Plan for retirement investment |
| 1995 | Nancy Steanson, Stillwater, OK | Finance agreement with note, mortgage to buyer of Windrock Condo, with monthly repayment schedule |

(12)

97 MAY 15 PM 3:14

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

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(Office Use Only)

| UNITED STATES HOUSE OF REPRESENTATIVES<br>FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996 | Form A<br>For use by Members, officers, and employees |
|---|---|
| MELVIN L. WATT<br>(Full Name) | |
| 515 N. POPLAR STREET<br>(Mailing Address) | |
| CHARLOTTE NC 28202 | Daytime Telephone: (202) 225-1510 |

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State: NC District: 12 | Officer or Employee | Employing Office: |
| Report Type | X | Annual (May 15) | Amendment | Termination | Termination Date: |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes | X | No | | |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | | No | X | |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes | X | No | | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes | X | No | | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes | X | No | | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | | No | X | |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes | X | No | | |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes | X | No | | |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | | No | X | |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | Yes | | No | X |
| **EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes | | No | X |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Melvin L. Watt

DATE (Month/Day/Year): 5-15-1997

3673

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $10,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | N/A |
| U. S. DEPARTMENT OF EDUCATION | SPOUSE SALARY | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

Name MELVIN L WATT | Page 3 of 12

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year.<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
|---|---|---|---|---|---|
| SP, DC, JT | *Examples* SP Mega Corp Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | GENERAL MOTORS CORP | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | NATIONSBANK CORP | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | NA |
| | CIRCUIT CITY STORES, INC | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | KEMPER MUNICIPAL INCOME TRUST | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | ARIEL APPRECIATION FUND - IRA | $1,001 - $15,000 | Dividends | None - $200 | NA |
| SP | ARIEL APPRECIATION FUND - IRA | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | MENTOR GROWTH TRUST - IRA | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| SP | MENTOR GROWTH TRUST - IRA | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | TRANSAMERICA LIFE - IRA | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | EAST TOWNE MANOR - NOTES | $1,001 - $15,000 | | None - $200 | NA |
| DC | BARCLAYS, PLC | $1,001 - $15,000 | Dividends | None - $200 | NA |
| DC | CIRCUIT CITY STORES, INC | $1,001 - $15,000 | Dividends | None - $200 | NA |
| DC | NATIONSBANK CORP | $1,001 - $15,000 | Dividends | None - $200 | NA |
| DC | MECHANICS AND FARMERS BANK | None - $1,000 | Dividends | None - $200 | NA |
| SP | STATE EMPLOYEES RETIREMENT SYSTEM | $50,001 - $100,000 | Interest | None - $200 | NA |
| SP | SCHOOLWORKERS FEDERAL CREDIT UNION | None - $1,000 | Interest | None - $200 | NA |
| SP | PRUDENTIAL COMMAND MONEY FUND | $1,001 - $15,000 | Dividends | None - $200 | NA |
| SP | DHEW CREDIT UNION | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| SP | HALLWOOD REALTY PARTNERS | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | HALLWOOD REALTY PARTNERS | None - $1,000 | Dividends | None - $200 | NA |
| | WHEAT FIRST SECURITIES | None - $1,000 | Dividends | None - $200 | NA |
| | FERGUSON, STEIN LAW FIRM 401K PLAN | None - $1,000 | | | E |
| | LOT - LAKE HARTWELL | $1,001 - $15,000 | | | NA |
| | COLLEGE LIFE | $1,001 - $15,000 | Interest | None - $200 | NA |
| | SKYLAND BROADCASTING | None - $1,000 | | | NA |
| | WESTSIDE PROFESSIONAL ASSOCIATES, LTD. | None - $1,000 | Dividends | None - $200 | NA |
| | MIDSOUTH CAPITAL GROUP - REAL ESTATE, CHARLOTTE, NC ( PARTNERSHIP) | $50,001 - $100,000 | REINVESTED PROFITS | None - $200 | NA |
| | EAST TOWNE MANOR, INC., REST HOME (SUB-S CORP.) CHARLOTTE, NC | $1,000,001 - $5,000,000 | REINVESTED PROFITS | $15,001 - $50,000 | NA |
| | KEY WEST COMMUNICATIONS CORP. | None - $1,000 | | | NA |
| | SCHOOLWORKERS FEDERAL CREDIT UNION | None - $1,000 | Interest | None - $200 | NA |
| | NC MEDICARE REVENUE BONDS | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| | NC EASTERN MUNICIPAL POWER BONDS | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| | FORSYTHE COUNTY GENERAL OBLIGATION | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | BONDS | | | | |
| | AIM EQUITY FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | PACIFIC GROWTH FUND-PRUDENTIAL SECURITIES | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | EATON VANCE MUNICIPAL TRUST | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |
| | PRUDENTIAL COMMAND MONEY FUND | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | NA |
| | MECHANICS AND FARMERS BANK | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| | PRUDENTIAL GOVERNMENT SECURITIES TRUST | $1,001 - $15,000 | Dividends | | P |
| SP | ZWEIG STRATEGY FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | P |
| | PRUDENTIAL SECURITIES - IRA: | | | | |
| | CHRYSLER CORP | None - $1,000 | Dividends | None - $200 | NA |
| | GE CAPITAL CORP. - NOTES | $1,001 - $15,000 | Interest | $201 - $1,000 | NA |
| | RESOLUTION FUNDING CORP | $15,001 - $50,000 | Dividends | None - $200 | NA |
| | PRUDENTIAL COMMAND MONEY FUND | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | HOME DEPOT, INC. | | Dividends | None - $200 | S |
| | INTEL CORP. | | Dividends | None - $200 | S |
| | LOWES COMPANIES | $1,001 - $15,000 | Dividends | None - $200 | S |
| | MOTOROLA, INC. | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | NUCOR CORP. | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | OFFICE DEPOT, INC. | $1,001 - $15,000 | Dividends | None - $200 | NA |
| | SENSORMATIC ELECTRONIC CORP. | $1,001 - $15,000 | Rent | None - $200 | NA |
| | SUMMIT PROPERTIES, INC. | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | AIM EQUITY FUNDS | $1,001 - $15,000 | Dividends | $201 - $1,000 | NA |
| | NATIONAL EQUITY TRUST LOW | | Dividends | | E |
| | MEDTRONIC, INC. | | Dividends | None - $200 | S |
| | McDONALDS CORP. | $1,001 - $15,000 | Dividends | None - $200 | P |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | PARK PLAZA OFFICE CONDO ASSOCIATES, LLC. | $15,001 - $50,000 | Capital Gains | None - $200 | P |
| | BREED TECHNOLOGIES, INC. | $1,001 - $15,000 | Dividends | None - $200 | P |
| | FIRST FINANCIAL FUND | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | P |
| | HEWLETT PACKARD, INC. | $1,001 - $15,000 | Dividends | None - $200 | P |
| | INTERNATIONAL PAPER CO. | $1,001 - $15,000 | Dividends | None - $200 | P |
| | UTS NET LOW | $15,001 - $50,000 | Dividends | $201 - $1,000 | E |
| | GLENAYRE TECHNOLOGIES, INC. | $1,001 - $15,000 | Dividends | | P |
| | LSI LOGIC, INC. | $1,001 - $15,000 | Dividends | | P |
| | CONGRESSIONAL FEDERAL CREDIT UNION | $1,001 - $15,000 | Interest | None - $200 | NA |
| JT | LOT - 515-517 N. POPLAR ST., 1/2 INTEREST | $15,001 - $50,000 | | | NA |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | PRUDENTIAL COMMAND MONEY FUND | Purchase | 12/26/96 | $50,001 - $100,000 |
| | | | | |
| | PRUDENTIAL ADJUSTABLE RATE FUND | Exchange | 1/03/96 | $1,001 - $15,000 |
| | PRUDENTIAL PACIFIC GROWTH FUND | Exchange | 1/03/96 | $1,001 - $15,000 |
| | PRUDENTIAL SECURITIES - IRA: | | | |
| | PARK PLAZA OFFICE CONDO ASSOCIATES, LLC. | Purchase | 1/02/96 | $15,001 - $50,000 |
| | FERGUSON STEIN LAW FIRM 401K PLKAN | Exchange | 3/06/96 | $1,001 - $15,000 |
| | PRUDENTIAL SECURITIES- IRA | Exchange | 3/06/96 | $1,001 - $15,000 |
| | BREED TECHNOLOGIES | Purchase | 6/17/96 | $1,001 - $15,000 |
| | FIRST FINANCIAL CORP | Purchase | 11/05/96 | $1,001 - $15,000 |
| | GLENAYRE TECHNOLOGIES, INC | Purchase | 11/05/96 | $1,001 - $15,000 |
| | HEWLETT PACKARD, INC | Purchase | 8/14/96 | $1,001 - $15,000 |
| | HOME DEPOT, INC | Sold | 5/24/96 | $1,001 - $15,000 |
| | INTEL CORP | Sold | 8/14/96 | $1,001 - $15,000 |
| | INTERNATIONAL PAPER CO | Purchase | 3/20/96 | $1,001 - $15,000 |
| | LSI LOGIC, INC | Purchase | 6/17/96 | $1,001 - $15,000 |
| | LOWES COMPANIES | Sold | 9/12/96 | $1,001 - $15,000 |
| | MCDONALDS CORP | Purchase | 6/17/96 | $1,001 - $15,000 |
| | MEDTRONIC, INC | Sold | 11/12/96 | $1,001 - $15,000 |
| | NATIONAL EQUITY TRUST LOW | Exchange | 1/08/96 | $1,001 - $15,000 |
| | UTS NET LOW | Exchange | 1/08/96 | $1,001 - $15,000 |
| SP | ZWEIG STRAREGY FUND | Exchange | 01/03/96 | $1,001 - $15,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | | | | |
| SP | PRUDENTIAL COMMAND FUND | Exchange | 01/0/96 | $1,001 - $15,000 |
| | | | | |
| | | | | |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

| SP,DC,J | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | FIRST MORTGAGE CORP., RALEIGH, NC | MORTGAGE - EAST TOWNE MANOR, INC | $500,001 - $1,000,000 |
| | NATIONSBANK CORP., CHARLOTTE, NC | MORTGAGE - MIDSOUTH CAPITAL GROUP | $15,001 - $50,000 |

## SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar.2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug.6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| THE ASPEN INSTITUTE | FEB. 16-19 | CHARLOTTE, NC - WEST PALM BEACH, FL - CHARLOTTE, NC | Y | Y | Y | NO |
| THE ASPEN INSTITUTE | APRIL 5-14 | WASH., DC - PISA, ITALY - ROME, ITALY - WASH., DC | Y | Y | Y | FOUR (4) DAYS |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| PARTNER | MIDSOUTH CAPITAL GROUP |
| DIRECTOR | EAST TOWNE MANOR, INC. |
| LIMITED PARTNER | WESTSIDE PROFESSIONAL ASSOCIATES, LTD |

COMPUTATION OF VALUE FOR DISCLOSURE STATEMENT

MELVIN L. WATT

DECEMBER 31, 1996

| | TOTAL VALUE | PERCENTAGE SHARE |
|---|---|---|
| MIDSOUTH CAPITAL GROUP | | |
| OWNERSHIP PERCENTAGE | | 6.7% |
| REAL ESTATE, AT APPRAISED VALUE | $ 1,240,000 | $ 83,080 |
| MORTGAGES | $ 525,313 | $ 35,196 |
| EAST TOWNE MANOR, INC. | | |
| OWNERSHIP PERCENTAGE | | 33.33% |
| COMPUTATION OF FAIR MARKET VALUE OF BUSINESS: | | |
| ESTIMATED ANNUAL NET NET PROFIT | $ 456,000 | |
| CAPITALIZATION RATE | 12% | |
| COMPUTED VALUE OF BUSINESS (GOING CONCERN BASIS) | $ 3,900,000 | $ 1,300,000 |
| MORTGAGES | 2,631,790 | 876,386 |
| NET WORTH (GOING CONCERN BASIS) | $ 1,268,210 | $ 423,614 |

MELVIN L. WATT
12TH DISTRICT
NORTH CAROLINA

COMMITTEES
BANKING AND FINANCIAL SERVICES
JUDICIARY

HAND DELIVERED

97 JUN 12 PM 2:52

# Congress of the United States
## House of Representatives
Washington, DC 20515–3312

June 11, 1997

Ms. Robin Carle, Clerk of the House
U.S. House of Representatives
Records and Registration
B106 Cannon Building
Washington, D.C. 20515

1
✓
MC

Dear Ms. Carle:

I hereby request that Schedule III of my 1996 Financial Disclosure Statement be amended to add the "State Employees Deferred Compensation Plan" as an asset. It was previously listed on my 1995 Financial Disclosure Statement. The value of the asset is $1,001-$15,000, the type of income is interest and dividends, the amount of income is $201-$1,000, and the type of transaction was NA.

Thank you for your attention to this matter.

Sincerely,

Melvin L. Watt

MLW/jb

Enclosure

PLEASE RESPOND TO

☐ 1230 LONGWORTH HOB
WASHINGTON, DC 20515
(202) 225-1510
FAX (202) 225-1512

☐ 324 N. COLLEGE ST
SUITE 201
CHARLOTTE, NC 28202
(704) 344-9950
FAX (704) 344-9971

☐ 301 S. GREENE ST
SUITE 210
GREENSBORO, NC 27401
(910) 379-9403
FAX (910) 379-9429

☐ 315 E. CHAPEL HILL ST
SUITE 202
DURHAM, NC 27701
(919) 688-3004
FAX (919) 688-0940

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 14 AM 9:32

Henry Arnold Waxman
(Full Name)

2204 Rayburn Building, Washington, D.C. 20515
(Mailing Address) Daytime Telephone

NC INSIDE MAIL
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [XX] Member of the U.S. House of Representatives | State CA District 29 | [ ] Officer or Employee | Employing Office |
| Report Type | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Henry A Waxman

DATE (Month/Day/Year): 5/13/97

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| Name | Waxman, Henry A. | Page 2 of 11 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | N A | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Tufts University, Boston, Massachusetts | speech | 3/24/25/1996 | $1124.93 |

This page may be copied if more space is required.

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Waxman Honorarium/Chgaritable Contributions for 1996

| | |
|---|---|
| March 25, 1997 | Tufts University $1124.93 to Adas Israel Congregation |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Waxman



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Fidelity Low Priced Fund IRA | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |
| | Sogen International Fund IRA | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| JT | Seminole County Florida Schoo Bd. Bond | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | 3 US Treasury Bonds | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Calvert Tax Free Money Market | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Fidelity Contrafund | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Waxman, Henry A.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Fidelity Magellan | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | P |
| JT | Fidelity Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | PBHG Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | T.Rowe Price-Value Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | T. RowePrice-International Stock fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | Templeton Foreign Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Fidelity Magellan - IRA | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | Pacific Gas & Electric Co. Bond | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | * |
| SP | Bank America Corp Preferred stock | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |
| SP | Chase Manhattan Corp preferred | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |
| SP | Blackrock Invt Qual. Term Trust, Inc. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | Blackrock No. Amer Govt. Income Trust | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | MFS Intermediate Income Trust | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | 2002 Target Term Trust Inc. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | RMA Money Market Portfolio | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |

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*seperate funds bequeathed to Janet Waxman

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Waxman, Henry A.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | FNR 93-113-PJ Mortgage | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| SP | US Treasury Notes | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| SP | TVA Bond | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |

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*seperate funds bequeathed to Janet Waxman

## SCHEDULE IV — TRANSACTIONS

Name Waxman, Henry A.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | Fidelity Contrafund | x | | | 8/15/96 | x | | | | | | | | | |
| JT | Fidelity Magellan | x | | | 8/15/96 | x | | | | | | | | | |
| JT | Fidelity Fund | x | | | 8/15/96 | x | | | | | | | | | |
| JT | PBHG Fund | x | | | 10/28/96 | x | | | | | | | | | |
| JT | T. Rowe Price-Value Fund | x | | | 12/19/96 | x | | | | | | | | | |
| JT | T. Rowe Price-International Fund | x | | | 3/1/96 | x | | | | | | | | | |
| JT | Templeton Foreign Fund | x | | | 2/20/96 | x | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example.* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | N A | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | N A | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## CHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

lentify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by ou, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and ie amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly y the sponsor.

**xclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the oreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally dependent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *amples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Tufts University | 3/24-25/96 | 2 r/t tickets Wash-Bost-Wash | Y | Y | Y | n |
| | Kaiser Family Foundation | 1/19-27/96 | 1 roundtrip ticket Cape Town-DurbanS.Africa | y | y | N | N |
| | spen Institute | 2/16-19/96 | 2 r/t airfare-Wash Palm Beach Florida | y | y | y | N |
| | spen Institute | 4/9-14/96 | 2 r/t airfare to Wash-Rome, Italy-Wash | y | y | y | n |
| | spen Institute | 5/14-28/96 | 2 roundtrip airfare Wash-Bermuda-Wash | Y | Y | Y | N |
| | spen Institute | 8/19-24/96 | 2 roundtrip airfare Wash-St.Petersburg-Wash | Y | Y | Y | N |
| | moke Free America Awards, New York City, New York | 1/18/96 | 1 round trip Wash-NYC-Wash | n | n | n | n |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | N A |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | N A | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

2408 Rayburn House Office Building
Washington, DC 20515–0529
(202) 225–3976

District Office
8436 West 3d Street
Suite 600
Los Angeles, CA 90048–4183
(213) 651–1040

# Congress of the United States
## House of Representatives
Washington, DC 20515–0529

HENRY A. WAXMAN
29th District, California

Committees
Commerce
Government Reform and Oversight

Philip M. Schiro
Administrative Assistant

97 MAY 29 PM 12:44
Office of the Clerk
U.S. House of Representatives

HAND DELIVERED

(12)
✓
MC

May 28, 1997

Honorable Robin H. Carle
Office of the Clerk
B 106 Cannon Building

Dear Ms. Carle:

I am writing to amend my Financial Disclosure Statement for 1996. In Schedule VII I made a typographical error. The dates for my travel to Bermuda were May 24-28, 1996 inclusive. I would appreciate your office making the correction and apologize for any inconvenience I may cause you.

Thank you for your cooperation.

Sincerely,

Henry A. Waxman
Member of Congress

HAW:nlm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 29 PM 12:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Henry Arnold Waxman
(Full Name)

2204 Rayburn Building, Washington, D.C. 20515
(Mailing Address) Daytime Telephone

Filer Status: [XX] Member of the U.S. House of Representatives — State: CA District: 29 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV. — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII. — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Henry A Waxman — DATE (Month/Day/Year): 5/13/97

8698

| Name | Waxman, Henry A. | Page 2 of 11 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | N A | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Tufts University, Boston, Massachusetts | speech | 3/24/25/1996 | $1124.93 |

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Waxman Honorarium/Chgaritable Contributions for 1996

| | |
|---|---|
| March 25, 1997 | Tufts University $1124.93 to Adas Israel Congregation |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Examples | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT* | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | X | | | | | | | |
| | Fidelity Low Priced Fund IRA | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | |
| | Sogen International Fund IRA | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | |
| JT | Seminole County Florida Schoo Bd. Bond | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | |
| JT | 3 US Treasury Bonds | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | |
| JT | Calvert Tax Free Money Market | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | |
| JT | Fidelity Contrafund | | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | P |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Waxman, Henry A.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Fidelity Magellan | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | P |
| JT | Fidelity Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | PBHG Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | T.Rowe Price-Value Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | T. RowePrice-International Stock fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | Templeton Foreign Fund | | X | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Fidelity Magellan - I R A | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| SP | Pacific Gas & Electric Co. Bond stock | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | * |
| SP | Bank America Corp Preferred | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |
| SP | Chase Manhattan Corp preferred | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |
| SP | Blackrock Invt Qual. Term Trust, Inc. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | Blackrock No. Amer Govt. Income Trust | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | NFS Intermediate Income Trust | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | 2002 Target Term Trust Inc. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | * |
| SP | RMA Money Market Portfolio | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | * |

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*seperate funds bequeathed to Janet Waxman

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Waxman, Henry A.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | FNR 93-113-PJ Mortgage | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| SP | US Treasury Notes | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| SP | TVA Bond | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |

This page may be copied if more space is required. *seperate funds bequeathed to Janet Waxman

3704

## SCHEDULE IV — TRANSACTIONS

Name Waxman, Henry A.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| JT | Fidelity Contrafund | x | | | 8/15/96 | x | | | | | | | | | |
| JT | Fidelity Magellan | x | | | 8/15/96 | x | | | | | | | | | |
| JT | Fidelity Fund | x | | | 8/15/96 | x | | | | | | | | | |
| JT | PBHG Fund | x | | | 10/28/96 | x | | | | | | | | | |
| JT | T. Rowe Price-Value Fund | x | | | 12/19/96 | x | | | | | | | | | |
| JT | T. Rowe Price-International Fund | x | | | 3/1/96 | x | | | | | | | | | |
| JT | Templeton Foreign Fund | x | | | 2/20/96 | x | | | | | | | | | |

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3705

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | N A | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude**: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note**: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | N A | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## CHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

lentify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by ou, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and he amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly y the sponsor

**xclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the oreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally dependent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| .mples Chicago Chamber of Commerce | Mar 2 | Wash, D C —Chicago—Wash, D C | N | N | N | N |
| Roycroft Corporation | Aug 6-13 | Wash, D.C —Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Tufts University | 3/24-25/96 | 2 r/t tickets Wash-Bost-Wash | y | y | y | n |
| Kaiser Family Foundation | 1/19-27/96 | 1 roundtrip ticket Cape Town-DurbanS.Africa | y | y | N | N |
| spen Institute | 2/16-19/96 | 2 r/t airfare-Wash Palm Beach Florida | y | y | y | N |
| spen Institute | 4/9-14/96 | 2 r/t airfare to Wash-Rome, Italy-Wash | y | y | y | n |
| spen Institute | 5/26-28/96 | 2 roundtrip airfare Wash-Bermuda-Wash | Y | Y | Y | N |
| spen Institute | 8/19-24/96 | 2 roundtrip airfare Wash-St.Petersburg-Wash | Y | Y | Y | N |
| uke Free America Awards, New York City, New York | 1/18/96 | 1 round trip Wash-NYC-Wash | n | n | n | n |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | N A |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N A | |

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENT.
97 MAY 15 PM 12: 03
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

Wayne Curtis Weldon
(Full Name)

49 Weathervane Road
(Mailing Address)

Aston, Pennsylvania 19014

Daytime Telephone
(202) 225-2011

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 7th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wayne Curtis Weldon

DATE (Month/Day/Year): 5/15/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Crozer-Chester Medical Center | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Wayne Curtis Weldon



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

*Pension

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | | | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Congressional Federal Credit Union | | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Sentry Federal Credit Union | | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Franklin Mint Federal Credit Union | | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Commerce Bank | | | X | | | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Kemper Investors Life Ins Co- Part. Dist. | | | X | | | | | | | | | | | * | | | | | | | X | | | | | | | | | |
| | 700 4th Street, Washington, DC | | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne Curtis Weldon



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C *Pension Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 209 E. 26th Avenue, Wildwood, NJ | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| | CCMC 401(k) Kemper Fin. Svc. | | | X | | | | | | | | | * | | | | | | N/A | | | | | | | | | | |
| | CCMC 401(k) Nationwide | | X | | | | | | | | | | * | | | | | | N/A | | | | | | | | | | |
| | U.S. Gov't Retirement Savings | | | | | X | | | | | | | * | | | | | | N/A | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name Wayne Curtis Weldon | Page 5 of 6

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Franklin Mint Federal Credit Union | Mortgage on 700 4th Street Washington, DC | | | | X | | | | | | |
| | Franklin Mint Federal Credit Union | Mortgage on 209 E. 26th Ave Wildwood, NJ | | | X | | | | | | | |
| | Joseph Larsen | Mortgage on 209 E. 26th Ave Wildwood, NJ | | X | | | | | | | | |
| | U.S. Gov't Self-Funded Retirement Savings | Retirement Plan Loan (Tuition Costs) | | X | | | | | | | | |
| | CCMC 401(k) Kemper Fin. Svc. | Retirement Plan Laon (Tuition Costs) | X | | | | | | | | | |
| | Congressional Federal Credit Union | Loan (Tuition Costs) | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Carnegie Endowment for Intl Peace | May 8-12 | Wash., DC - Moscow, Russia-Wash., DC | Y | Y | N | N |
| | Institute for Foreign Policy Analysis | Nov 13 | Phila, PA-Cambridge,MA-Phila, PA | N | Y | N | N |
| | Corpus Christi Fire Assoc. | Nov 13-14 | Phila, PA - Corpus Christi, TX-Phila, PA | Y | Y | N | N |
| | Fundacao Luso-Americana | Nov 17-20 | Phila, PA-Lisbon-Phila, PA | Y | Y | N | N |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
97 MAY 12 PM 3:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only) 3

David J Weldon
(Full Name)
1602 Willard Road N.W.
(Mailing Address)
Palm Bay, FL 32907
Daytime Telephone 202-225-3671

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State FL District 15 | [ ] Officer or Employee | Employing Office | **A *$200 penalty* shall be assessed against anyone who files more than 30 days late.** |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David Weldon

DATE (Month/Day/Year): 5/9/97

3715

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David J Weldon



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: | SP | Mega Corp. Stock | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | Brennett Bank Accts, Winter Park FL | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | | | Merrill Lynch Pacific Fd Cl B IRA | | X | | | | | | | | | | X | | | X | | | | | | | n/A | | | | | | |
| | | | Merrill Lynch Cash Acct IRA | X | | | | | | | | | | | | | X | | | | | | | | n/A | | | | | | |
| | | | Congressional Fed. C.U. Acct | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | | | MIMA Pension + Profit Sharing SunTrust, Orlando, FL | | | | | | X | | | | | | X | | X | X | | | | | | n/A | | | | | | | |
| | | | Nations Bank IRA CD West Melbourne, Fla | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

Name David J Weldon | Page 3 of 2

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Barnett Bank, Jacksonville, FL | Signature Creditline | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Gerald C., "Jerry" Weller
(Full Name)

1309 Union Street
(Mailing Address)

Morris, Illinois 60450

(202)225-3635
Daylime Telephone

MC
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Illinois District 11 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** — Gerald C. Weller

**DATE** (Month/Day/Year) 5-15-97

Prepared By Michael R. Naughton

3718

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gerald C. "Jerry" Weller



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None – $1,000<br>B $1,001 – $15,000<br>C $15,001 – $50,000<br>D $50,001 – $100,000<br>E $100,001 – $250,000<br>F $250,001 – $500,000<br>G $500,001 – $1,000,000<br>H $1,000,001 – $5,000,000<br>I $5,000,001 – $25,000,000<br>J $25,000,001 – $50,000,000<br>K Over $50,000,000 | DIVIDENDS<br>RENT<br>INTEREST<br>CAPITAL GAINS<br>EXCEPTED TRUST<br>QUALIFIED BLIND TRUST | I None – $200<br>II $201 – $1,000<br>III $1,001 – $2,500<br>IV $2,501 – $5,000<br>V $5,001 – $15,000<br>VI $15,001 – $50,000<br>VII $50,001 – $100,000<br>VIII $100,001 – $1,000,000<br>IX $1,000,001 – $5,000,000<br>X Over $5,000,000 | P, S, E |
| SP, DC, JT *Examples* | SP Mega Corp. Stock | X | X | X | P |
| | 123 Main St., Dover, Del | X | X | X | |
| | 1st Bank of Paducah, KY accounts | X | X | X | |
| | 1309 A, Morris, IL | X | X | X-Net X-Gross | |
| | Prudential Utility Fund (IRA) | X | X X | N/A-IRA | |
| | Duplex, Deerpath & Quail Morris, IL | X | X | X-Net X-Gross | P |
| | Morris Community Credit Union Morris, IL | X | X | X | |
| | Prudential Equity Fund | X | X X | X | P |
| | Jennison Growth Fund | X | X X | X | P |

For additional assets and unearned income, use next page.

Name Gerald C., "Jerry" Weller



## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | Duplex, Deerpath & Quail , Morris, IL | X | | | 4-15-96 | | | | X | | | | | | |
| | Prudential EquityFund | X | | | 2-14-96 | X | | | | | | | | | |
| | Jennsion Growth Fund | X | | | 2-14-96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Grundy County National Bank, Morris IL | Mortagage on 1309 A Union Morris, IL | | | X | | | | | | | |
| | First Financial Federal Joliet, IL | Mortgage on duplex, Deerpath & Quail, Morris | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| National Democratic Inst. for International Affairs | Jan 15-23 | Wash. D.C.-Tel Aviv-Wash. D.C. | Y | Y | N | N |
| The Heritage Foundation | Jan 25-26 | Wash. D.C.-Baltimore-Wash. D.C. | Y | Y | N | N |
| Chicago Board of Trade/Chgo. Mercantile Exchange | Mar 15-17 | Wash. D.C.-Boca Raton-Wash. D.C. | Y | Y | N | N |
| KPMG Peat Marwick | Aug 5 | Morris-Chicago-Morris | Y | N | N | N |
| Affordable Housing Investors Council | Nov 6-7 | Chicago-San Antonio-Chicago | Y | Y | N | N |
| Am. Community Bankers Mgmt. Conference | Dec 8-9 | Wash. D.C.-New York City-Wash. D.C. | Y | Y | N | N |
| Executive Enterprises | Dec 12 | Chicago-Orlando-Chicago | Y | Y | N | N |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | American Council of Young Political Leaders |
| Congressional Board of Advisors | Congressional Youth Leadership Council |
| Director | Ralls Art Collection |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

**JERRY WELLER**
11TH DISTRICT, ILLINOIS
130 CANNON BUILDING
WASHINGTON, D.C. 20515
(202) 225-3635
51 WEST JACKSON ST., SUITE 100
JOLIET, ILLINOIS 60432
(815) 740-2028
628-30 COLUMBUS ST., SUITE 205
OTTAWA, ILLINOIS 61350
(815) 433-0085

INSIDE MAIL

UNITED STATES
HOUSE OF REPRESENTATIVES

ASSISTANT MAJORITY WHIP
COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEE ON
OVERSIGHT

SUBCOMMITTEE ON
SOCIAL SECURITY

20 May 1997

97 MAY 27 AM 10:10

Robin Carle
Clerk, U.S. House of Representatives
H-154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

Please treat this letter as a formal amendment to my financial disclosure statement for 1996.

Schedules III & IV should have reflected the following information:

I purchased Drexler Technology Corporation stock on June 21. The value of this transaction should be reflected in the category of $1,000 to $15,000. I again purchased Drexler Technology Corporation stock on July 17. Again, the value of this transaction should be reflected in the $1,000 to $15,000 category. The value of all my holdings of Drexler Technology Corporation stock at the end of 1996 was between $1,000 and $15,000. No income was generated by this asset.

Also, please include with this amendment the following clarifications of disclosed travel:

The trip dated 05 August for KPMG Peat Marwick included lodging which should have been for the previous evening, 04 August.

The trip dated 12 December for Executive Enterprises also included lodging which was taken the night before (11 December) at O'Hare airport due to the early flight to Orlando the next day.

Please do not hesitate to contact me or Alan Tennille of my staff if you have any questions or need further clarifications at 5-3635.

Thank you for your help in amending my statement.

Sincerely,

Jerry Weller
Member of Congress

JCW:ant

PRINTED ON RECYCLED PAPER

**JERRY WELLER**
11TH DISTRICT, ILLINOIS
130 CANNON BUILDING
WASHINGTON, D.C. 20515
(202) 225-3635
51 WEST JACKSON ST., SUITE 100
JOLIET, ILLINOIS 60432
(815) 740-2028
628 10 COLUMBUS ST., SUITE 205
OTTAWA, ILLINOIS 61350
(815) 433-0085

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WAYS AND MEANS

SUBCOMMITTEE ON
OVERSIGHT

SUBCOMMITTEE ON
SOCIAL SECURITY

UNITED STATES
HOUSE OF REPRESENTATIVES

20 May 1997

97 MAY -2 11:27

1 ✓ MC

Robin Carle
Clerk, U.S. House of Representatives
H-154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

Please treat this letter as a formal amendment to my financial disclosure statement for 1996.

Schedule V may have incorrectly reflected the following information:

The mortgage on 1309 A Union in Morris, IL should not have listed Grundy County National Bank as the creditor. Rather, the Creditor for 1309 A Union in Morris, IL should have been listed as Crossland Mortgage Company, Salt Lake City, Utah.

Please amend my statement appropriately.

As always, thank you for your assistance.

Sincerely,

Jerry Weller
Member of Congress

JCW:ant

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 PM 3:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Robert Wexler
(Full Name)
17526 Wagon Wheel Drive
(Mailing Address)
Boca Raton Florida 33496

202-225-3001
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State Florida District 19 | ☐ Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert Wexler

DATE (Month/Day/Year): 5/7/97

3726

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | N/A |
| | SHUTTS + BOWEN | SALARY | 101,329.00 |
| | STATE OF FLORIDA, STATE SENATE | SALARY | 20,872.90 |
| | FLORIDA ATLANTIC UNIVERSITY | SPOUSE SALARY | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Wexler



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | PANDA Project Stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | S |
| | QUEST MEDICAL CORP. Stock | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | S |
| | U.S. Treasury Zero Coupon Bonds | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | 5931 Michaux Street Boca Raton FL (Townhouse sold in JAN. 1996) | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | S |
| | CENTURY INDUSTRIES (ENT) | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | S |

For additional assets and unearned income, use next page.

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## SCHEDULE IV — TRANSACTIONS

Name Robert Wexler



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| JT | 5931 Michaux Street Boca Raton FL (Townhouse) | | | X | | JAN. 1996 | | | | X | | | | | | |
| | PANDA PROJECT STOCK | | | X | | 6/11/96 | X | | | | | | | | | |
| | QUEST MEDICAL CORP. STOCK | | | X | | 5/22/96 | X | | | | | | | | | |
| | CENTURY INDUSTRIES STOCK (ENTI) | | | X | | 7/30/96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | SAVINGS OF AMERICA, CALIFORNIA | Mortgage on 5931 Michaux St. BOCA RATON FL | | | | X | | | | | | |
| | MBNA AMERICA BANK, DELAWARE | Revolving Credit Account | | X | | | | | | | | |
| | Eduserv Technologies, Inc. | Student Loans | X | | | | | | | | | |
| | Travelers Bank, Omaha Nebraska | Revolving Credit Account | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| NONE | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| ~~NONE~~ | |
| ATTORNEY | SHUTTS & BOWEN |
| STATE SENATOR | STATE OF FLORIDA |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |

GPO 1997 38–554 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(5)

RECEIVED
LEGISLATIVE RECORDS CENTER
97 MAY 15 PM 2:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Robert Arthur Weygand
(Full Name)

507 Cannon HOB, Washington D.C. 20515
(Mailing Address)

202/225-2735
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Rhode Island District 2 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [X] | No [ ] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** RAWeygand

**DATE** (Month/Day/Year) May 15, 1997

3784

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Rhode Island | Salary | $48,000. |
| | Weygand Orciuch & Christie, Inc. (architectural firm) | S Corp income | 1,453. |
| | Miriam Hospital | Spouse salary | 22,000. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Arthur Weygand



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Miriam Hospital Retirement Plan | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | State of R.I. Retirement Plan | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Providence Mutual Insurance Co. | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Kemper Insurance Co. | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Lillian Weygand Trust (1/3) | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example.* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | R.I. Higher Ed. Asst. Authority | Student loan - U.R.I. | X | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Director | Meeting Street Center |
| Trustee | United Way of Southeastern New England |
| Advisory Board | Big Brothers of Rhode Island |
| President | Weygand Orciuch and Christie, Inc. (architectural firm) |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

97 MAY 15 PM 3:19 (9)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

RICHARD ALAN WHITE
(Full Name)
8560 Grand Avenue N.E.
Bainbridge Island WA 98110
(Mailing Address)
Daytime Telephone (202) 225-6311

MC
HAND DELIVERED

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State ____ District ____ | ☐ Officer or Employee | Employing Office ____ |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date ____ |

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☐ No ☑

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☑ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☑ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☑

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☑

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☑

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☑ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☑ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☑

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☑

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☑

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Richard A. White

DATE (Month/Day/Year): 5/14/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1 000 |
| | Ontario County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II.

Name Richard White | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| National Association of Independent Insurers | Speech | 4/22/96 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard White



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**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples.* | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | X | | | | | | | X | | | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| | Perkins Building Partnership | | | | X | | | | | | | | | | | | X | | X | | | | | | | | | | |
| | Retirement Account / Vanguard | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Windsor II | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Trustees Int'l | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prime cup | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Long Term Corporate | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard White



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Richard White



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | | Description | Value |
|---|---|---|---|
| *Example.* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Heritage Foundation | 1/25-26 | D.C. - Baltimore - D.C. | Y | Y | N | N |
| | Securities Industry Ass'n | 4/21-22 | D.C. - New York - D.C. | Y | Y | N | N |
| | Progress + Freedom Foundation | 8/3-6 | D.C. - Aspen - Seattle | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

| Position | Name of Organization |
|---|---|
| Director | Books for kids |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

Use additional sheets if more ...

(10)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

W. Edward Whitfield
(Full Name)

236 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

202-225-3115
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: KY District: 01 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Edward Whitfield

DATE (Month/Day/Year): 5-15-97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples.* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | United States Government | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| Nonprescription Drug Manufacturers Association | Speech | May 23, 1996 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None–$1,000 | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None–$200 | II $201–$1,000 | III $1,001–$2,500 | IV $2,501–$5,000 | V $5,001–$15,000 | VI $15,001–$50,000 | VII $50,001–$100,000 | VIII $100,001–$1,000,000 | IX $1,000,001–$5,000,000 | X Over $5,000,000 | Block E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P, S, E |
| | 123 Main St., Dover, Del | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | P |
| | AMP, Inc. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | AT&T Corp. | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | American Int'l Group | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Boise Cascade | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Burlington Northern | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Chevron | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ed Whitfield



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Coca-Cola | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Consolidated Natural Gas | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Eskimo Pie | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Exxon | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | General Electric | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | GTE | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Gleason Corp. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Health Management Systems | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| | Hewlett-Packard | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Intel | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Johnson & Johnson | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Lubrizol Corp. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Lucent Technologies | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | E |
| | May Department Stores | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Motorola | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ed Whitfield



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | P, S, E |
| | Payless Shoes | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | E |
| | Pfizer, Inc. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Sysco Corp. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Tech Sym Corp. | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Berger Growth & Income (101) | | X | | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | Cohen & Steers Realty | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | Gabelli Asset Fund | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | Montgomery Emerging Markets | | | X | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | Montgomery Global Communications | | | X | | | | | | | | | X | | | X | | | X | | | | | | | | | | |
| | Mutual Discovery Fund | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | Oakmark International | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | Pimco Low Duration | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Heitman Real Estate | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| | Strong Opportunity Fund | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | |
| | 20th Century Int'l Equity | | | X | | | | | | | | | X | | | X | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ed Whitfield



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Schwab Value Advantage Money Market | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | CSX Corp. Debentures | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | CSX Thrift | | | | X | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| | Chase Manhatten | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Charles Schwab Money Market | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Charles Schwab IRA (A) | | | X | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Charles Schwab IRA (B) | | | X | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Northwestern Mutual Annuity (A) | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | |
| | Northwestern Mutual Annuity (B) | | X | | | | | | | | | | X | | X | | | | X | | | | | | | | | | |
| | Coastline Federal IRA | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | U.S. Government Thrift | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | |
| | Vanguard Money Market | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Zerox Corp. | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | C&K Drilling Partnership | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Condominium - Vista Del Lido Drive Newport Beach, California | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ed Whitfield



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Commercial Property - Chemical Lane Huntington Beach, California | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Vacant Lot - High Street Hopkinsville, Kentucky | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vacant Lot Madisonville, Kentucky | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vacant Lots - Chinoe Canyon Road Palm Springs, California | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Congressional Credit Union | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | 1872 Ribault Court Rental Property - Jacksonville, Florida | | X | | 9-23-96 | | | | | X | | | | | |
| | Centerior Energy Common Stock | | X | | 1-4-96 | X | | | | | | | | | |
| | Burlington Northern Common Stock | X | | | 1-9-96 | X | | | | | | | | | |
| | Eskimo Pie Common Stock | X | | | 1-24-96 | X | | | | | | | | | |
| | General Electric Common Stock | X | | | 1-9-96 | X | | | | | | | | | |
| | Pfizer Common Stock | X | | | 1-11-96 | X | | | | | | | | | |
| | Health Managment Systems Common Stock | X | | | 4-1-96 | X | | | | | | | | | |
| | Hewlett Packard Common Stock | X | | | 7-12-96 | X | | | | | | | | | |
| | Johnson and Johnson Common Stock | X | | | 4-1-96 | X | | | | | | | | | |
| | Lucent Technology Common Stock | | | X | 10-1-96 | | | | | | | | | | |
| | Payless Shoes Common Stock | | | X | 5-9-96 | | | | | | | | | | |
| | Tech Sym Common Stock | X | | | 1-31-96 | X | | | | | | | | | |
| | Wheeler Ridge Bond Common Stock | | | X | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| Association of American Railroads | April 12-16 | Wash., D.C.-Pebble Beach, CA-Wash., D.C. | Y | Y | Y | N |
| National Association of Food Processors | April 26 | Wash., D.C.-Boca Raton, FL | N | N | Y | N |
| Association of Food Industries | April 26-27 | Boca Raton, FL-Ft. Myers, FL-Wash., D.C. | Y | Y | Y | N |

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ED WHITFIELD
1ST DISTRICT, KENTUCKY

WASHINGTON OFFICE
236 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1701
(202) 225-3115
FAX (202) 225-3547
e-mail: edky01@hr.house.gov

COMMITTEE ON COMMERCE
SUBCOMMITTEE ON HAZARDOUS MATERIALS
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT
SUBCOMMITTEE ON ENERGY AND POWER

97 JUN -3 AM 11:33

# Congress of the United States
## House of Representatives
Washington, DC 20515–1701

HAND DELIVERED

June 3, 1997

The Honorable Robin Carle
Clerk of The House
Office of Records
and Registration
B-106 Cannon House Office Building
Washington, DC 20515-6612

Dear Madam Clerk:

I do hereby submit this letter as an amendment to my 1996 Financial Disclosure Statement which was filed with the Office of Records and Registration on May 15, 1997. I wish to amend Schedule VII, indicating a change on the days of travel for a legislative conference in Pebble Beach, CA, April 1996. The dates should be Friday, April 12 - Monday, April 15, 1996, instead of the Monday, April 16, 1996.

Additional amendments are also required for Schedules III and IV. Fidelity Investments was inadvertently excluded from Schedule III in the 1996 Statement. The information for this asset is as follows: Year-End Value - D ($50,001 - $100,000), Type of Income - Interest and Amount of Income - II ($201-$1000). The Charles Schwab Money Market was acquired by a movement of a portion of funds from the Charles Schwab Value Advantage Money Market. Schedule IV should include the Charles Schwab Money Market as an Exchange, Date - May 2, 1996 and Amount of Transaction - D ($50,001 - $100,000). Chase Manhatten is a stock holding, however it was purchased in 1997 and technically should be deleted from the 1996 Statement.

If you have any further questions, please do not hesitate to let me know.

Sincerely,

Ed Whitfield
Member of Congress

EW:fc

DISTRICT OFFICES

FIRST FLOOR
317 WEST NINTH STREET
HOPKINSVILLE, KY 42240
(502) 885-8079
(800) 328-5629
FAX (502) 885-8598

P.O. BOX 717
MONROE COUNTY COURTHOUSE
TOMPKINSVILLE, KY 42167
(502) 487-9509
FAX (502) 487-0019

ROOM 307
222 FIRST STREET
HENDERSON, KY 42420
(502) 826-4180
FAX (502) 826-6783

ROOM 104
100 FOUNTAIN AVENUE
PADUCAH, KY 42001
(502) 442-6901
FAX (502) 442-6805

PRINTED ON RECYCLED PAPER

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:46

(5)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Roger F. Wicker
(Full Name)

206 Cannon Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-4306

MC
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives — State MS District 01 | ☐ Officer or Employee — Employing Office | A ***$200 penalty*** shall be assessed against anyone who files more than 30 days late. |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment ☐ Termination — Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☒ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Roger F. Wicker

**DATE** (Month/Day/Year) 5-15-97

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| Name ROGER F. WICKER | Page 1 of 1 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | LONG ENTERPRISES INC. | SPOUSE SALARY | $31,000 |

**For payments to charity in lieu of honoraria, use Schedule II.**

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROGER F. WICKER

Page 1 of 1

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | 603 JEFFERSON ST, TUPELO, MS | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| SP | LONG ENTERPRISES INC. STOCK | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | PEOPLE'S BANK STOCK | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MOBILE TELECOM STOCK | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | SCHERING PLOUGH STOCK | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

Name ROGER F. WICKER | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | DEPOSIT GUARANTY BANK, TUPELO, MS | MORTGAGE ON 602 JEFFERSON | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Mississippi Anesthesiologists | June 1-2 | Wash., D.C.-Biloxi-Wash.,DC | Y | Y | N | N |
| | Mississippi Agriculture Chemical | Aug. 3-5 | Wash,DC-Perdido,AL-Wash,DC | Y | Y | Y | N |
| | Dixie Land-Title Association | Sept 14-16 | Wash,DC-Sandestin,FL-Wash,DC | Y | Y | Y | N |
| | American Podiatric Association | Oct 11-12 | Wash,DC-Biloxi,MS-Wash,DC | Y | Y | N | N |
| | Independent Petroleum Association | Nov 14-15 | Tupelo,MS-San Antonio,TX-Tupelo | Y | Y | N | N |

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(1)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers and employees

97 MAY 15 PM 2:31

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robert Ellsworth Wise, Jr.
(Full Name)
2367 Rayburn House Office Building (202)225-2711
(Mailing Address) Daytime Telephone
Washington, DC 20515

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State WV District 2nd | [ ] Officer or Employee | Employing Office / Termination Date |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert E. Wise, Jr.

DATE (Month/Day/Year): May 11, 1997

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert E. Wise, Jr



3766

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | | | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | P |
| DC | | | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| JT | Pioneer Group (IRA's) (aggregate) | | | | | X | | | | | | | | | | | NA | | | | | | NA | | | | | | | |
| SP | Delaware Fund | | | X | | | | | | | | | | | X | | | X | | | X | | | | | | | | | |
| JT | Wright-Patman Credit Union (aggregate savings accts) | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | GermanMarshall Fund | 4/9-4/12 | Wash,DC-Cape Girardeau -Wash,D.C. | Y | Y | N | N |
| | German Marshall Fund | 11/12-16 | Wash,DC-Bonn,Germany -Wash,D.C. | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Ex Officio (unpaid) | NATIONAL Institute of Chemical Studies |
| Ex Officio (unpaid | RCAC, Inc. |
| Director (unpaid) | US-Japan Friendship Commission |
| Ex Officio (unpaid) | Steering Committee for Regional Airport |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NA | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1997: 38-554 (mac)

**Use additional sheets if more space is required.**

Form **1040** Department of the Treasury - Internal Revenue Service
**U.S. Individual Income Tax Return** **1996** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1996, or other tax year beginning , 1996, ending , 19 OMB No. 1545-0074

**Label** (See instructions.)
**Use the IRS label** Otherwise, please print or type

| | Your first name and initial | Last name | Your social security number |
|---|---|---|---|
| | ROBERT E. | WISE, JR. | 233-78-6863 |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | SANDRA C. | WISE | 474-50-2621 |
| | Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | For further help see instructions in booklet |
| | 101 GABE ROAD | | |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. | | |
| | CLENDENIN, WV 25045 | | |

**Presidential Election Campaign** (See instructions.)

| | Yes | No | Note: Checking "Yes" will not change your tax or reduce your refund. |
|---|---|---|---|
| Do you want $3 to go to this fund? | X | | |
| If a joint return, does your spouse want $3 to go to this fund? | X | | |

**Filing Status**

Check only one box

1 Single
2 [X] Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security no. above and full name here ▶
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See instructions.)

**Exemptions**

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.
b [X] **Spouse.**
c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number. If born in December 1996, see instructions. | (3) Dependent's relationship to you | (4) No. of mos. lived in your home in 1996 |
|---|---|---|---|
| ROBERT W. WISE | 236-33-9411 | CHILD | 12 |
| ALEXANDRA S. WISE | 579-17-4278 | CHILD | 12 |
| | | | |
| | | | |
| | | | |

If more than six dependents, see the instructions for line 6c.

No. of boxes checked on lines 6a and 6b: 2
No. of your children on line 6c who: ● lived with you: 2 ● did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers entered on lines above ▶ 4

d Total number of exemptions claimed

**Income**

Attach Copy B of your Forms W-2, W-2G, and 1099-R here

If you did not get a W-2, see the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose **Form 1040-V** (see the instructions for line 62).

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 221,526. |
| 8a | Taxable interest. Attach Schedule B if over $400 | 8a | 432. |
| b | Tax-exempt interest. DO NOT include on line 8a. 8b | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | 1,114. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 403. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). If required, attach Schedule D CGD | 13 | 270. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions 15a b Taxable amount (see instructions) | 15b | |
| 16a | Total pensions and annuities 16a b Taxable amount (see instructions) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits 20a b Taxable amount (see instructions) | 20b | |
| 21 | Other income. List type and amount - see instructions | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 223,745. |

**Adjusted Gross Income**

If line 31 is under $28,495 (under $9,500 if a child did not live with you), see the instructions for line 54.

| | | | |
|---|---|---|---|
| 23a | Your IRA deduction (see instructions) 23a | | |
| b | Spouse's IRA deduction (see instructions) 23b | | |
| 24 | Moving expenses. Attach Form 3903 or 3903-F 24 | | |
| 25 | One-half of self-employment tax. Attach Schedule SE 25 | | |
| 26 | Self-employed health insurance deduction (see instructions) 26 | | |
| 27 | Keogh & self-employed SEP plans. If SEP, check ▶ [ ] 27 | | |
| 28 | Penalty on early withdrawal of savings 28 | | |
| 29 | Alimony paid. Recipient's SSN ▶ 29 | | |
| 30 | Add lines 23a through 29 | 30 | NONE |
| 31 | Subtract line 30 from line 22. This is your **adjusted gross income** ▶ | 31 | 223,745. |

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions**

Form 1040 (1996) ROBERT E. WISE, JR. & SANDRA C. 233-78-6863 Page 2

| | | | | | |
|---|---|---|---|---|---|
| **Tax Computation** | 32 | Amount from line 31 (adjusted gross income) | | 32 | 223,745. |
| | 33a | Check if ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | | |
| | b | If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ▶ 33b ☐ | | | |
| | 34 | Enter the larger of your: **Itemized deductions** from Schedule A, line 28, OR **Standard deduction** shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single - $4,000 • Married filing jointly or Qualifying widow(er) - $6,700 • Head of household - $5,900 • Married filing separately - $3,350 | | 34 | 55,700. |
| | 35 | Subtract line 34 from line 32 | | 35 | 168,045. |
| If you want the IRS to figure your tax, see the instructions for line 37. | 36 | If line 32 is $88,475 or less, multiply $2,550 by the total number of exemptions claimed on line 6d. If line 32 is over $88,475, see the worksheet in the instructions for the amount to enter | | 36 | 6,324. |
| | 37 | **Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- | | 37 | 161,721. |
| | 38 | **Tax.** See instructions. Check if total includes any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ▶ | | 38 | 42,693. |
| **Credits** | 39 | Credit for child and dependent care expenses. Attach Form 2441 | 39 960. | | |
| | 40 | Credit for the elderly or the disabled. Attach Schedule R | 40 | | |
| | 41 | Foreign tax credit. Attach Form 1116 | 41 | | |
| | 42 | Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) | 42 | | |
| | 43 | Add lines 39 through 42 | | 43 | 960. |
| | 44 | Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- ▶ | | 44 | 41,733. |
| **Other Taxes** | 45 | Self-employment tax. Attach Schedule SE | | 45 | |
| | 46 | Alternative minimum tax. Attach Form 6251 | | 46 | |
| | 47 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | | 47 | |
| | 48 | Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 | | 48 | |
| | 49 | Advance earned income credit payments from Form(s) W-2 | | 49 | |
| | 50 | Household employment taxes. Attach Schedule H | | 50 | 737. |
| | 51 | Add lines 44 through 50. This is your **total tax** ▶ | | 51 | 42,470. |
| **Payments** | 52 | Federal income tax withheld from Forms W-2 and 1099 | 52 47,546. | | |
| | 53 | 1996 estimated tax payments and amount applied from 1995 return | 53 | | |
| | 54 | **Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ NO and type ▶ | 54 | | |
| Attach Forms W-2, W-2G, and 1099-R on page 1 | 55 | Amount paid with Form 4868 (request for extension) | 55 | | |
| | 56 | Excess social security and RRTA tax withheld (see instructions) | 56 | | |
| | 57 | Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 | 57 | | |
| | 58 | Add lines 52 through 57. These are your **total payments** ▶ | | 58 | 47,546. |
| **Refund** | 59 | If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you **OVERPAID** | | 59 | 5,076. |
| Have it sent directly to your bank account! See inst. and fill in 60b, c, and d. | 60a | Amount of line 59 you want **REFUNDED TO YOU** ▶ | | 60a | 5,076. |
| | ▶ b | Routing number _____ c Type: ☐ Checking ☐ Savings | | | |
| | ▶ d | Account number _____ | | | |
| | 61 | Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX ▶ | 61 | | |
| **Amount You Owe** | 62 | If line 51 is more than line 58, subtract line 58 from line 51. This is the **AMOUNT YOU OWE.** For details on how to pay and use **Form 1040-V**, see instructions ▶ | | 62 | |
| | 63 | Estimated tax penalty. Also include on line 62 | 63 NONE | | |

**Sign Here** Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| Your signature | Date | Your occupation |
|---|---|---|
| Robert E Wise Jr | 5/13/97 | CONGRESSMAN |
| **Spouse's signature if a joint return. BOTH must sign** | **Date** | **Spouse's occupation** |
| Sandra Cooper Wise | 5/13/97 | ATTORNEY |

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed | Preparer's social security no. |
|---|---|---|---|
| | 5-9-97 | ☒ | 205-34-9306 |
| Firm's name (or yours if self-employed) and address | TERESA P. CHEGWIDDEN, CPA<br>1100 LAIDLEY TOWER<br>CHARLESTON, WV | EIN | 55-0633379 |
| | | ZIP code | 25301 |

F 10-11-96

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Frank R. Wolf
(Full Name)

241 Cannon House Office Building
(Mailing Address)

(202) 225-5136
Daytime Telephone

Washington, D.C. 20515

(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Virginia District 10th | [ ] Officer or Employee | Employing Office | A *$200 penalty* shall be assessed against anyone who files more than 30 days late. |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | [ ] | [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | [ ] | [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | [X] | [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | [X] | [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | [ ] | [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | [ ] | [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | [X] | [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | [X] | [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | [ ] | [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank R. Wolf

DATE (Month/Day/Year): May 15, 1997

INSIDE MAIL

3771

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frank R. Wolf



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST) | Block D: Amount of Income (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP / DC / JT | *Examples:* SP Mega Corp. Stock | D | DIVIDENDS | II | P |
| | *Examples:* 123 Main St., Dover, Del. | G | RENT | | |
| | *Examples:* 1st Bank of Paducah, KY accounts | E | INTEREST | IV | |
| | Franklin Income Fund | A | DIVIDENDS; CAPITAL GAINS | I | |
| | Franklin Virginia Income Fund | A | DIVIDENDS | I | P |
| | Franklin Income Fund - Keogh (not self-directed) | NONE | DIVIDENDS | III | S |
| | No. American Security Life Ins.Co. NASL Series Trust Fund-Keogh (not self-directed) | E | | IV | P |
| | No. American Security Life Ins.Co. NASL Series Trust Fund (non-participating retirement plan) | C | | IV | P |
| | Oppenheimer Capital Appreciation Fund (formerly Oppenheimer Target Fund) not self-directed IRA | A C | | IV | |

**For additional assets and unearned income, use next page.**

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank R. Wolf

Page 3 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | U.S. Savings Bonds | | X | | | | | | | | | | | | X | | | | | | | unknown | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Frank R. Wolf



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | Franklin Virginia Income Fund | X | | | 6-14-96 | X | | | | | | | | | |
| | Franklin Income Fund - KEOGH | | X | | 2-14-96 | | | | X | | | | | | |
| | No.American Security Life Ins.Co. NASL Series Trust Fund - KEOGH | X | | | 2-20-96 | | | | X | | | | | | |
| | No. American Security Life Ins.Co. NASL Series Trust Fund -retirement plan | X | | | monthly | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | International Foundation -- Conference Speaker & Participant | April 7-14 | Washington,D.C.-Vienna,Austria -Bled,Slovenia-Wash,D.C. | Y | Y | Y | N |
| | Grosse Pointe, MI --Mayor's Prayer Breakfast --Keynote speaker | May 2-3 | Wash,D.C. - Detroit,MI-Wash,D.C. | Y | Y | N | N |
| | Christian Solidarity International Speech at UK Human Rights Conference | Oct.25-27 | Wash,D.C.-London,England-Wash,D.C. | Y | Y | Y | N |

This page may be copied if more space is required.

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member Board of Directors (uncompensated) | Congressional Hunger Center (Non-Profit Organization) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**Form A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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(5)

Lynn Woolsey
(Full Name)

923 B Street
(Mailing Address)

Petaluma CA 94952

Daytime Telephone: 202-225-5161

MC
(Office Use Only)

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S House of Representatives | State CA District 06 | [ ] Officer or Employee | Employing Office | **A $200 penalty shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date | |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lynn C. Woolsey

DATE (Month/Day/Year): 5/14/97

8777

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.<br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left<br><br>For further information, see Instructions, pages 14-20 | BLOCK B<br>**Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block | BLOCK D<br>**Amount of Income**<br>For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
|---|---|---|---|---|
| SP<br>DC *Examples*<br>JT | SP Mega Corp. Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | Airtouch | $1,001 - $15,000 | Dividends | None - $200 | |
| | Natural Resources Dev. Sec (IRA) | $1,001 - $15,000 | Dividends | None - $200 | |
| | SBC Communication, Inc. (IRA) | $1,001 - $15,000 | Dividends | None - $200 | |
| | Merrill Lynch Fund Class B (IRA) | $1,001 - $15,000 | N/A | N/A | |
| | Merrill Lynch Fund Class D (IRA) | None - $1,000 | N/A | N/A | |
| | Putnam OTC Emerging Growth Fund (IRA) | $1,001 - $15,000 | N/A | N/A | |
| | US Treasury Strips Zero 90 (IRA) 11/15/2003 | $1,001 - $15,000 | N/A | N/A | |
| | US Treasury Strips Zero 90 11/15/2006 | $1,001 - $15,000 | N/A | N/A | |
| | Nordstrom, Inc. (IRA) | $1,001 - $15,000 | Dividends | $201 - $1,000 | |

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## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Colonial Trust III Growth Shares Fund (IRA) | $1,001 - $15,000 | N/A | NA | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

| SP,DC,J | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/94 | $15,001 - $50,000 |
| | Citizens Trust | Purchase | 4-1-96 | $1,001 - $15,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

| Source | Date(s) | Point of Departure–Destination–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Centre for Legislative Exchange, Canada | 3/18-19/96 | Wash,DC/Ottawa,ON/Wash,DC | Y | Y | | NO |

LYNN WOOLSEY
6TH DISTRICT, CALIFORNIA

COMMITTEES
BUDGET
ECONOMIC AND EDUCATIONAL OPPORTUNITIES

WASHINGTON OFFICE
439 CANNON BUILDING
WASHINGTON, DC 20515-0506
TELEPHONE: (202) 225-5161

# Congress of the United States
## House of Representatives
## Washington, DC 20515–0506

DISTRICT OFFICES
1101 COLLEGE AVE., SUITE 200
SANTA ROSA, CA 95404
TELEPHONE: (707) 542-7182
FROM PETALUMA CALL:
(707) 795-1462

NORTHGATE BUILDING
1050 NORTHGATE DRIVE, SUITE 140
SAN RAFAEL, CA 94903
TELEPHONE: (415) 507-9554

INTERNET ADDRESS:
woolsey@hr.house.gov

May 29, 1997

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The Honorable Robin H. Carle
Clerk of the House
Office of Records and Registration
B-106 Cannon HOB
Washington, DC 20515

HAND DELIVERED

(1) ✓
MC

Dear Madame Clerk:

Please amend my Financial Disclosure Statement for calendar year 1996 by attaching this letter to my May 15, 1996, Financial Disclosure Form for the following entries:

Pacific Telesis Group, an individual retirement account, listed on schedule III of my Financial Disclosure Statement for calendar year 1995, changed its company name in 1996. Pacific Telesis Group's new name is now SBC Communication, Inc., and is valued at $1,001-$15,000, as listed on my Financial Disclosure Statement for calendar year 1996.

Merrill Lynch Fund for Tomorrow Class D, an individual retirement account, is correctly listed on my Financial Disclosure Form for calendar year 1996. However, Merrill Lynch Fund for Tomorrow Class B was incorrectly listed and should be removed. On April 21, 1995, Merrill Lynch Fund Class B, converted from Class B to Class D, with its value at $0-$1,000.

US Treasury Strips Zero 90, an individual retirement account, was incorrectly listed on my Financial Disclosure Statement for calendar year 1995 as "US Treasury Strips Zero 90 11/15/2003". It is correctly listed on my Financial Disclosure Form for calendar year 1996 and should read "US Treasury Strips Zero 90 (IRA) 11/15/2006" with its value at $1,001-$15,000.

Also, please note two additional amendments to my Financial Disclosure Statement for calendar year 1996. First, Citizens Trust, found on schedule IV, listed as a purchase on 4-1-96 should read "Citizens Trust IRA from PNC Bank in Wilmington, Delaware" valued at $1,001-$15,000. Please also add Citizens Trust (IRA) on schedule III with its value at $1,001-$15,000. Second, on schedule VII, no family members were included in the Centre for Legislative Exchange travel.

Thank you for your attention to this matter.

Sincerely,

Lynn Woolsey

Lynn Woolsey
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 16 PM 1:15

Albert Russell Wynn
(Full Name)

526 Harry S. Truman Drive, Largo, MD 20772
(Mailing Address)

(202) 225.8699
Daytime Telephone

MC HAND DELIVERED
(Office Use Only) (4)

| | | | | |
|---|---|---|---|---|
| Filer Status | X | Member of the U.S. House of Representatives | State MD District 04 | Officer or Employee / Employing Office |
| Report Type | X | Annual (May 15) | Amendment | Termination / Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | | X |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | X | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | | X |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | | X |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) | | X |
| **EXEMPTION**— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Albert R. Wynn

DATE (Month, Day, Year): 05/15/97

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Albert Russell Wynn



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | Block A | | A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp. Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | | | 123 Main St., Dover, Del. | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | 1213 T Street, NW Washington, D.C. | | | | | | X | | | | | | | | X | | | | | X | | | | | | | | | E |
| | 7745 Gremont Street Hyattsville, MD | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |
| | 307 Todd Place Washington, D.C. | | | | | | X | | | | | | | | X | | | | | X | | | | | | | | | P |

For additional assets and unearned income, use next page.

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | 1213 T Street, N.W. Washington, D.C. | | | X | 08/15/86 | X | | | | | | | | | |
| | MFS Emerging Growth Mutual Fund | X | | | 03/25/96 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | GMAC Mortgage Company | Mortgage 1213 T St., NW Washington, DC | | | | X | | | | | | |
| | GMAC Mortgage Company | Mortgage 7745 Gremont Hyattsville, MD | | | X | | | | | | | |
| | Margaret Lucas 425 L St., NW, Washington, D.C. | Mortgage 301 Todd Place Washington, DC | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

(22)

97 MAY -7 PM 12:19

U.S. HOUSE OF REPRESENTATIVES

MAY - 5 1997

(Office Use Only)

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

Sidney R. Yates
(Full Name)

2109 Rayburn House Office Building
(Mailing Address)

(202) 225-2111
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State IL District 9th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Sidney R. Yates

**DATE** (Month/Day/Year) 4/24/97

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | None | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

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## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1996 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1996 | $500 |
| | None | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sidney R, Yates | Page 4 of 22

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | 123 Main St., Dover, Del. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Common StockAon Corp. | | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | |
| | Common Stock Hubbell Corp. Cl | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | |
| | Common Stock IBM | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | |
| | Common Stock Salomon Br. FD INC | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | | |
| | Common Stock Salomon Br. FD Inc | | x | | | | | | | | | | | | | x | | | | x | | | | | | | | | |
| | Emerging Tigers Fund Inc | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Merrill Lynch Ready Asset Trust | | | | | x | | | | | | | x | | | | | | | | | | x | | | | | | |
| | Common Stock Wang Lab Class B | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| | Material Science Ind., Inc. Com | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| | Canhorn Chem. Corp | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| | Wadena MN PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Reno NV PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Tulsa OK PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Belton TX PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | GlenviewIL Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Paterson NJ PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Chicago IL PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | National Capital Washington Bond | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | | P |
| | Sherman TX PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | West Haven CT PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Oklahoma City PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Wisconsin ST RFDG Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Buffalo NY PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Detroit MI PHA Bond | | | | x | | | | | | | | | | x | | | | | | | | x | | | | | | |
| | Red Cloud NE PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Reno NV PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Dover NH PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Tacoma WA PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | El Paso TX PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Cuyohoga Metro OH PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Louisville KY PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Knoxville TN PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Paducah KY PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Cheyenne River SD PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| | Honolulu HI PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| | Kansas City PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Waco TX PHA Bond | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Peoria IL PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | IL Dev Fin Auth Rev Bond | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Kan City MO IDR Lanter Co | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Peoria Cnty IL Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Maryville TN PHA Bond | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Series EE US Bonds | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Hawaii ST PHA Bond | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| | Irving TX Bond | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | P |
| | US Tres Bill 11/27/96-2/6/97 | | | | | X | | | | | | | | | X | | | | X | | | | | | | | | | P |
| | US Treas Note 10/6/92-9/30/97 | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Cert. of Deposit (CD) 12/26/96-1/27/97 | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| | CD 12/9/96-1/9/97 | | | | | X | | | | | | | | | X | | | | X | | | | | | | | | | P |
| | US Tres Note 2/3/92-9/30/96 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | US Treas Note 2/3/92-9/30/96 | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Kansas City PHA Bond | | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | S |
| | Kansas City PHA Bond | | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | S |
| | Twin Falls ID PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| | Twin Falls ID PHA Bond | | x | | | | | | | | | | | | | x | | | | x | | | | | | | | | S |
| | Richmond VA PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | S |
| | Richmond VA PHA Bond | | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | S |
| | Cambridge MA PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| | Cambridge MA PHA Bond | | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | S |
| | ILLinois DFA IDR Var Bond | | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | gifted |
| | Kan City MO Fin Auth Rev Bond | | x | | | | | | | | | | | | | x | | | x | | | | | | | | | | S (partial) |
| | Har ford Cnty MD IDR Bond | | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | gifted |
| | US T-Bill 12/22/95 - 2/22/96 | | | | | x | | | | | | | | | x | | | | | | x | | | | | | | | S |
| | US T-Bill 2/16/96 - 4/18/96 | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | P, S |
| | US T-Bill 4/30/96 - 7/25/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | P, S |
| | US T-Bill 2/23/96 - 8/22/96 | | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | P, S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates

Page 9 of 22

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | US T-Bill 8/5/96 - 10/31/96 | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | P, S |
| | US T-Bill 8/28/96 - 11/21/96 | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | P, S |
| | CD 10/24/96 roll over 12/26/96 | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | CD 11/9/96 - 12/2/96 | | | | | X | | | | | | | | | X | | | | X | | | | | | | | | | | P, S |
| | Vanguard Muni Money Market | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Vanguard Ltd Term Fund | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Acorn International Fund | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Acorn Internationml Fund | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Bank Accounts | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Watson Taylor Ltd Partnership | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | One Technology DRive Partnership | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | |
| | 3 paintings | | | | | | | X | | | | | | | | N/A | | | | | | | | | | | | | | gifted |
| | Real estate Partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | aAllied Stores b. Dixie Hwy | | | | | | X | | | | | | partnership | | | | | | | | | | | | X | | | | | |
| | Microsoft Corp. | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Acorn Fund (International) | | | | x | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Acorn Fund (International) | | | | x | | | | | | | | | | | x | | | x | | | | | | | | | | |
| sp | Acorn Fund | | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | |
| sp | Acorn Fund | | | | | x | | | | | | | | | | x | | | | | | | | x | | | | | |
| sp | Atl Richfld 2.8 CV PFD | | | | x | | | | | | | | x | | | | | | | x | | | | | | | | | |
| sp | Coca Cola Com | | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | |
| sp | Common Stock Ford Motor Co. | | | x | | | | | | | | | x | | | | | | | | | x | | | | | | | |
| sp | Common Stock IMO Indus. | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Common Stock Navistar | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Common Stock Odetics Class A | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Common Stock Occidental Pete Corp | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | | |
| sp | Common Stock Peoples Energy | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | | |
| sp | Common Stock TRW INC | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Common Stock Toreador Royalty | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | TRW INC 4.0 CUCVPR | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Common Stock Transamerica Corp | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Merrill Lynch Ready Asset Trust | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| JT | No Andover Office Park | | | | x | | | | | | | | partnership | | | | | | x | | | | | | | | | | P |
| sp | First Virginia Banks Inc | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| sp | Freeport McMoran Resource | | | x | | | | | | | | | partnership | | | | | | | | x | | | | | | | | |
| sp | Cert Deposit 9/3/96-1/2/97 | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | P |
| sp | CD 12/9/96-1/9/97 | | | | | x | | | | | | | | | x | | | | x | | | | | | | | | | P |
| sp | MCKeesport PF PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | US T-Bill 11/27/96 - 2/6/97 | | | | | | x | | | | | | | | x | | | | x | | | | | | | | | | P |
| sp | Omaha NE PHA Bond | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | | P |
| sp | Lorain Ohio PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Jamestown RI PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| sp | Summerville GA PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| sp | Gainsville FL PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Fall River MA PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Lawrence MA PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | | |
| sp | Tampa FL PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | | |
| sp | Brick TWP NJ PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Phoenix AZ PHA Bond | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | | | |
| sp | Winnebago & Bonne Cnty IL PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Chicago IL PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | | |
| sp | Cuyahoga OH PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Northport AL PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | | |
| sp | Washoe Cnty NV School Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Merced Cnty CA PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | | |
| sp | Waynesboro GA PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Yolo Cnty GA PHA Bond | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | EL Paso TX PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | * |
| sp | Metropolitan Council MN PHA Bond | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| sp | Richmond VA PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| sp | New York Housing Auth Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| sp | Omaha NE PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| sp | Waco TX PHA Bond | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| sp | Bettendorf IA PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| sp | Fort Meyers FL PHA Bond | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| sp | Fort Worth TX PHA Bond | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | S |
| sp | East St. Louis PHA Bond | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | S |
| sp | Lancaster Pa PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| sp | Lancaster PA PHA Bond | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| sp | Fort Worth TX PHA Bond | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | S |
| sp | East St. Louis PHA Bond | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | S |
| sp | Evanston IL PHA Bond | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Evanston IL PHA Bond | | | x | | | | | | | | | | | | x | | | x | | | | | | | | | | S |
| sp | Har ford County MD IDR | | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | gifted |
| sp | Springfield MA PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| sp | Springfield MA PHA Bond | | | x | | | | | | | | | | | | x | | | x | | | | | | | | | | S |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | | x | | | x | | | | | | | | | | S |
| sp | Kendalville IL IDR Var | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| sp | Marquette MI PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | S |
| sp | Marquette MI PHA Bond | | | x | | | | | | | | | | | | x | | | x | | | | | | | | | | S |
| sp | Hawaii PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| sp | Hawaii PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | S |
| sp | US T-Bill 2/16/96 - 4/18/96 | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | P,S |
| sp | US T-Bill 2/16/96 - 8/22/96 | | | | | | x | | | | | | | | x | | | | | | | x | | | | | | | P,S |
| sp | Morristown TN IDR Var | | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | P,gifted |
| sp | CD roll over 3/8/96 - 9/3/96 | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | P, S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None - $1,000 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None - $200 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | US T-Bill 8/5/96 - 10/31/96 | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | | P,S |
| sp | US T-Bill 4/30/96 - 7/25/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | | P,S |
| sp | US T-Bill 8/28/96 - 11/21/96 | | | | | | x | | | | | | | | x | | | | | | | | x | | | | | | | P,S |
| sp | US T-Bill 9/11/96 - 11/7/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | | P,S |
| sp | CD 11/9/96 - 12/9/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | | P,S |
| sp | US T-Bill 12/22/95 - 2/22/96 | | | | | | x | | | | | | | | x | | | | | | | x | | | | | | | | S |
| sp | Vanguard Muni Money Market Fund | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Bank Accounts | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | | |
| sp | Essex Lane Partnership | | | | x | | | | | | | | partnership | | | | | | | | | | x | | | | | | |
| sp | Michigan Adams Partnership III | | | | x | | | | | | | | partnership | | | | | | | | | x | | | | | | | |
| sp | One Tech Drive Ltd | | | | x | | | | | | | | partnership | | | | | | | | x | | | | | | | | |

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3801

## SCHEDULE IV — TRANSACTIONS

Name Sidney R. Yates



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | National Capital Washington Bond | x | | | 8-1-96 | x | | | | | | | | | |
| | Hawaii ST PHA Bond | x | | | 4-9-96 | x | | | | | | | | | |
| | Irving TX Bond | x | | | 4-9-96 | | x | | | | | | | | |
| | Cert. of Deposit | x | | | 12-9-96 | | | | x | | | | | | |
| | Cert of Deposit | x | | | 12-26-96 | | x | | | | | | | | |
| | US T-Bill | x | | | 11-27-96 | | | | x | | | | | | |
| | US Treas Note | | x | | 9-30-96 | | x | | | | | | | | |
| | Kansas city PHA Bond | | x | | 12-1-96 | | | x | | | | | | | |
| | Twin Falls ID PHA Bond | | x | | 1-1-96 | x | | | | | | | | | |
| | Richmond VA PHA Bond | | x | | 8-1-96 | | x | | | | | | | | |
| | Cambridge MA PHA Bond | | x | | 11-1-96 | | x | | | | | | | | |
| | Illinois DFA IDR Var Bond | gift | | | 10-1-96 | | | x | | | | | | | |
| | Kan City MO Fin Auth Rev Bond | partial | x | | 3-8-96 | x | | | | | | | | | |
| | Har ford Cnty MD IDR Bond | | x | | 10-1-96 | | | x | | | | | | | |
| | US T-Bill | | x | | 2-22-96 | | | | x | | | | | | |
| | US T-Bill | x | x | | 2/16/96<br>4/18/96 | | x | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| | US T-Bill | x | x | | 4/30/96 to 7/25/96 | | | x | | | | | | | |
| | US T-Bill | x | x | | 2/23/96 to 8/22/96 | | | | x | | | | | | |
| | US T-Bill | x | x | | 8/5/96 to 10/31/96 | | x | | | | | | | | |
| | US T-Bill | x | x | | 8/28/96 to 11/21/96 | | | | x | | | | | | |
| | CD roll over | x | x | | 10/24/96 to 12/26/96 | | x | | | | | | | | |
| | CD | x | x | | 11/9/96 to 12/9/96 | | | | x | | | | | | |
| | 3 paintings | gifted | | | 12/20/96 | | | | | | x | | | | |
| JT | North Anover Park Office (partnership) | x | | | 12/3/96 | | | x | | | | | | | |
| sp | Cert Deposit | x | | | 9/3/96to 1/2/97 | | x | | | | | | | | |
| sp | Cert Deposit | x | | | 12/9/96 to 1/9/97 | | | | x | | | | | | |
| sp | US T-Bill | x | | | 11/27/96 to 2/6/97 | | | | | x | | | | | |
| sp | Omaha NE PHA Bond | x | | | 5/2/96 | x | | | | | | | | | |
| sp | Metropolitan Council MN PHA Bond | x | | | 11/27/96 | | x | | | | | | | | |
| sp | Waco TX PHA Bond | x | | | 4/9/96 | x | | | | | | | | | |
| sp | Fort Meyers FL PHA Bond | x | | | 4/9/96 | x | | | | | | | | | |
| sp | Fort Worth TX PHA Bond | | x | | 12/1/96 | | x | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Sidney R. Yates



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| sp | East St. Louis | | X | | 4/1/96 | | X | | | | | | | | |
| sp | Lancaster PA PHA Bond | | X | | 9/1/96 | | X | | | | | | | | |
| sp | Evanston IL PHA Bond | | X | | 12/1/96 | | X | | | | | | | | |
| sp | Harford County MD IDR | | gifted | | 10/1/96 | | | X | | | | | | | |
| sp | Springfield MA PHA Bond | | X | | 2/1/96 | | X | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | X | | 9/1/96 | | X | | | | | | | | |
| sp | Kendalville IL IDR Var | | X | | 3/1/96 | | | X | | | | | | | |
| sp | Marquette MI PHA Bond | | X | | 9/1/96 | | X | | | | | | | | |
| sp | Hawaii PHA Bond | | X | | 8/1/96 | | X | | | | | | | | |
| sp | US T-Bill | | X | | 2/22/96 | | | | | X | | | | | |
| sp | US T-Bill | X | X | | 2/16/96–4/18/96 | | X | | | | | | | | |
| sp | US T-Bill | X | X | | 2/16/96 – 8/22/96 | | | | | X | | | | | |
| sp | Morristown TN IDR | X | gifted | | 3/1/96–10/1/96 | | | X | | | | | | | |
| sp | Cert Deposit roll over | X | X | | 3/8/96 – 9/3/96 | | X | | | | | | | | |
| sp | US T-Bill | X | X | | 4/30/96 – 7/25/96 | | | X | | | | | | | |
| sp | US T-Bill | X | X | | 8/5/96–10/31/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Sidney R. Yates

Page 19 of 22

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| sp | US T-Bill | x | x | | 8/28/96–11/21/96 | | | | | x | | | | | |
| sp | US T-Bill | x | x | | 9/11/96–11/7/96 | | | x | | | | | | | |
| sp | CD | x | x | | 11/9/96–12/9/96 | | | x | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | None | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| None | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Ltd. Partner | see Partnerships |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |

GPO 1997 38-554 (mac)

**Use additional sheets if more space is required.**

3808

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

# FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

For use by Members, officers, and employees

97 MAY 22 PM 2:48

INSIDE MAIL 10

(Office Use Only)

Sidney R. Yates
(Full Name)

2109 Rayburn House Office Building (202) 225-2111
(Mailing Address) Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: IL District: 9th | [ ] Officer or Employee | Employing Office: |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes [ ] | No [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sidney R. Yates

DATE (Month/Day/Year): 5/22/97

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SCHEDULE B ASSETS AND UNEARNED INCOME
(Continuation Sheet Period)

Name Sidney R. Yates

Page 7 of 72

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Waco TX PHA Bond | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Peoria IL PHA Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | IL Dev Fin Auth Rev Bond | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Kan City MO IDR Lanter Co | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Peoria Cnty IL Bond | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Maryville TN PHA Bond | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Series EE US Bonds | | | X | | | | | | | | | | | X | | | X | | | | | | | | | | | |
| | Hawaii ST PHA Bond | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | P |
| | Irving TX Bond | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | P |
| | US Treas Bill 11/27/96-2/6/97 | | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | P |
| | US Treas Note 10/6/92-9/30/97 | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Cert. of Deposit (CD) 12/26/96-1/27/97 American National Bank Chicago, IL | | | X | | | | | | | | | | | X | | | X | | | | | | | | | | | P |
| | CD 12/9/96-1/9/97 Harris Bank Chicago, IL | | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | P |
| | US Tres Note 2/3/92-9/30/96 | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| | US Treas Note 2/3/92-9/30/96 | | | X | | | | | | | | | | | | X | | X | | | | | | | | | | | S |

SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Sidney R. Yates

Page 9 of 22

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | US T-Bill 8/5/96 - 10/31/96 | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | P, S |
| | US T-Bill 8/28/96 - 11/21/96 | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | P, S |
| | CD 10/24/96 roll over 12/26/96 | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | American National Bank CD 11/9/96 - 12/2/96 | | | | | X | | | | | | | | | X | | | | X | | | | | | | | | | P, S |
| | Harris Bank Vanguard Muni Money Market | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Vanguard Ltd Term Fund | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | |
| | Acorn International Fund | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| | Acorn International Fund | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Bank Accounts American National Bank | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Harris Bank, Federal Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Watson Taylor Ltd Partnership | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | |
| | Dallas, Texas One Technology DRive Partnership | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | |
| | Peabody, MA 3 paintings | | | | | | | X | | | | | | | N/A | | | | | | | | | | | | | | |
| | Real estate Partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Allied Stores b. Dixie Hwy. | | | | | | X | | | | | | partnership | | | | | | | | | | | | X | | | | |
| | Upper Hunters Trace, NY | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Microsoft Corp. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE B — ASSETS AND "UNEARNED" INCOME

Name: Sidney R. Yates

| SP, DC, JT | Asset and/or Income Source | Year-End Value of Asset: None – $1,000 | $1,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $250,000 | $250,001 – $500,000 | $500,001 – $1,000,000 | $1,000,001 – $5,000,000 | $5,000,001 – $25,000,000 | $25,000,001 – $50,000,000 | Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Amount of Income: None – $200 | $201 – $1,000 | $1,001 – $2,500 | $2,501 – $5,000 | $5,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $1,000,000 | $1,000,001 – $5,000,000 | Over $5,000,000 | Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Common Stock Transamerica Corp | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Merrill Lynch Ready Asset Trust | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| JT | No Andover Office Park North Andover, MA | | | | x | | | | | | | | | partnership | | | | | x | | | | | | | | | P |
| sp | First Virginia Banks Inc | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | |
| sp | Freeport McMoran Resource | | | x | | | | | | | | | | partnership | | | | | | | x | | | | | | | |
| sp | Cert Deposit [illegible] 1/2/97 American National Bank | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | |
| sp | CD [illegible] 1/6/97 Harris Bank | | | | x | | | | | | | | | | x | | | | x | | | | | | | | | |
| sp | MCKeesport PA PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | |
| sp | US T-Bill 11/27/96 – 2/6/97 | | | | | | x | | | | | | | | x | | | | x | | | | | | | | | I |
| sp | Omaha NE PHA Bond | | x | | | | | | | | | | | | x | | | | x | | | | | | | | | P |
| sp | Lorain Ohio PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | |
| sp | Jamestown FL PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | |
| sp | Summerville GA PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | |
| sp | Gainsville FL PHA Bond | | x | | | | | | | | | | | | x | | | | | x | | | | | | | | |
| sp | Fall River MA PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | |

(Use separate schedule if more space is required)

SCHEDULE III [illegible]

(Continuation Sheet (if needed))

| SP, DC, JT | Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | Evanston IL PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | S |
| sp | Har ford County MD IDR | | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | gifted |
| sp | Springfield MA PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | S |
| sp | Springfield MA PHA Bond | | | x | | | | | | | | | | | | x | | | x | | | | | | | | | | S |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | | x | | | | | | | | | | | | | | | x | | | | | | | | | | |
| sp | Kendalville IL IDR Var | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Marquette MI PHA Bond | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| sp | Marquette MI PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | |
| sp | Hawaii PHA Bond | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Hawaii PHA Bond | | | x | | | | | | | | | | | x | | | | x | | | | | | | | | | |
| | US T-Bill 7/16/96 - 8/18/96 | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | US T-Bill 7/16/96 - 8/22/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | E |
| sp | Morristown TN IDR Var | | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | P, gifted |
| sp | CD roll over 3/8/96 - 9/3/96 American National Bank | | | x | | | | | | | | | | | | | | | | | x | | | | | | | | P |

SCHEDULE III ASSETS AND UNEARNED INCOME

(Attach additional sheets if needed)

Name Sidney E. Yates

Page 15 of 22

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| sp | US T-Bill 8/5/96 - 10/31/96 | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | P,S |
| sp | US T-Bill 4/30/96 - 7/25/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | P,S |
| sp | US T-Bill 8/28/96 - 11/21/96 | | | | | | x | | | | | | | | x | | | | | | | | x | | | | | | P,S |
| sp | US T-Bill 9/11/96 - 11/7/96 | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | P,S |
| sp | CD 11/9/96 - 12/9/96 Harris Bank | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | P,S |
| sp | US T-Bill 12/22/95 - 2/22/96 | | | | | | x | | | | | | | | x | | | | | | | | | | | | | | S |
| sp | Vanguard Muni Money Market Fund | | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| sp | Bank Accounts American National & Harris Banks | | | | x | | | | | | | | | | x | | | | | x | | | | | | | | | |
| sp | Essex Lane Partnership Houston, Texas | | | | x | | | | | | | | partnership | | | | | | | | | | x | | | | | | |
| sp | Michigan Adams Partnership III Milwaukee, WI | | | | x | | | | | | | | partnership | | | | | | | | | x | | | | | | | |
| sp | One Tech Drive Ltd Peabody, MA | | | | x | | | | | | | | partnership | | | | | | | | | x | | | | | | | |

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| | National Capital Washington Bond | | | | 8-1-96 | | | | | | | | | | |
| | Hawaii ST PHA Bond | | | | 4-9-96 | | | | | | | | | | |
| | Irving TX Bond | X | | | 4-9-96 | | X | | | | | | | | |
| | Cert. of Deposit Harris Bank | X | | | 12-9-96 | | | | X | | | | | | |
| | Cert. of Deposit American National Bank | X | | | 12-26-96 | | X | | | | | | | | |
| | US T-Bill | X | | | 11-27-96 | | | | | | | | | | |
| | US Treas Note | | | | [illegible] | | | | | | | | | | |
| | [illegible] PHA Bond | | | | | | | | | | | | | | |
| | Twin Falls ID PHA Bond | | | | [illegible] | X | | | | | | | | | |
| | Richmond VA PHA Bond | | | | [illegible] | | | | | | | | | | |
| | Cambridge MA PHA Bond | | | | [illegible] | | | | | | | | | | |
| | Illinois DFA IDR Var Joint | [illegible] | | | [illegible] | | | X | | | | | | | |
| | Kan City MO Fin Auth Lex [illegible] | [illegible] | | | [illegible] | X | | | | | | | | | |
| | [illegible] MO IDR [illegible] | | | | [illegible] | | | | | | | | | | |
| | [illegible] | | | | [illegible] | | | | | | | | | | |
| | US T-Bill | X | X | | [illegible] | | | | | | | | | | |

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SCHEDULE IV - TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-96 | | X | | | | | | | | |
| | US T-Bill | | X | | 4/30/96 to ~~7/25/96~~ | | | | | | | | | | |
| | US T-Bill | X | X | | 2/23/96 to ~~8/22/96~~ | | | | X | | | | | | |
| | US T-Bill | X | X | | 8/5/96 to 10/31/96 | | X | | | | | | | | |
| | US T-Bill | X | X | | 8/28/96 to 11/21/96 | | | | X | | | | | | |
| | CD roll over American National Bank | X | X | | 10/24/96 to 12/26/96 | | X | | | | | | | | |
| | CD Harris Bank | X | X | | 11/9/96 to 12/9/96 | | | | X | | | | | | |
| | Holdings | | | | [illegible] | | | | | | | | | | |
| JT | North Anover Park Office [illegible] | | | | [illegible] | | | X | | | | | | | |
| sp | Cert Deposit North Anover, MA American National Bank | | | | 9/3/96 to 1/2/97 | | X | | | | | | | | |
| sp | Cert Deposit Harris Bank | X | | | 12/9/96 to 1/9/97 | | | | X | | | | | | |
| sp | US T-Bill | X | | | 11/27/96 to 2/6/97 | | | | | | | | | | |
| sp | Omaha NE PHA Bond | X | | | 5/2/96 | X | | | | | | | | | |
| sp | Metropolitan Council MN PHA [illegible] | | | | 11/22/96 | | X | | | | | | | | |
| sp | Waco TX PHA Bond | | | | [illegible] | | | | | | | | | | |
| sp | Fort Meyers FL PHA Bond | | | | 4/9/96 | X | | | | | | | | | |
| sp | Fort Worth TX PHA Bond | | X | | 12/1/96 | | | | | | | | | | |

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## SCHEDULE IV TRANSACTIONS

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-96 | | X | | | | | | | | |
| sp | East St. Louis | | X | | 4/1/96 | | X | | | | | | | | |
| sp | Lancaster PA PHA Bond | | X | | 9/1/96 | | X | | | | | | | | |
| sp | Evanston IL PHA Bond | | X | | 12/1/96 | | X | | | | | | | | |
| sp | Harford County MD IDR | | gifted | | 10/1/96 | | | X | | | | | | | |
| sp | Springfield MA PHA Bond | | X | | 2/1/96 | | X | | | | | | | | |
| sp | Minneapolis MN PHA Bond | | X | | 9/1/96 | | X | | | | | | | | |
| sp | Kendalville IL IDR Var | | X | | 3/1/96 | | | X | | | | | | | |
| sp | Marquette MI PHA Bond | | X | | 9/1/96 | | | | | | | | | | |
| sp | Hawaii PHA Bond | | X | | 8/1/96 | | | | | | | | | | |
| sp | US T-Bill | | X | | 7/22/96 | | | | | X | | | | | |
| sp | US T-Bill | X | X | | 7/16/96–4/18/96 | | | | | | | | | | |
| sp | US T-Bill | X | X | | 7/16/96–8/22/96 | | | | | X | | | | | |
| sp | Morristown TN IDR | X | gifted | | 3/1/96–10/1/96 | | | X | | | | | | | |
| sp | Cert Deposit roll over American National Bank | X | X | | 3/8/96–9/13/96–6/20/96 | | | | | | | | | | |
| sp | US T-Bill | X | X | | 7/25/96 | | | | | | | | | | |
| sp | US T-Bill | X | X | | 8/5/96–10/31/96 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–96 | | X | | | | | | | | |
| sp | US T-Bill | X | x | | 8/28/96–11/21/96 | | | | | | | | | | |
| sp | US T-Bill | x | x | | 9/11/96–11/7/96 | | | | | | | | | | |
| sp | CD Harris Bank | x | x | | 11/9/96–12/9/96 | | | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**

**FORM A**
For use by Members, officers, and employees

(2)

97 MAY 14 PM 2:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

C. W. Bill Young
(Full Name)

2407 Rayburn House Office Building
(Mailing Address)

202-225-5961
Daytime Telephone

Washington, DC 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State FL District 10 | [ ] Officer or Employee — Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Bill Young

**DATE** (Month/Day/Year) May 13, 1997

3819

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rep. C. W. Bill Young



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Block C | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Block D | I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | SP 123 Main St., Dover, Del. | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | JT 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| SP | Wright Patman FCU - IRA | | X | | | | | | | | | | | | | | | | | | NA | | | | | | | | | | |
| | Note receivable from ~~Harold and Judith Flynn~~ | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Wright Patman FCU | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(6)

CONGRESSMAN DONALD EDWIN YOUNG
(Full Name)
2111 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)
WASHINGTON, DC 20515
Daytime Telephone 202-225-5765

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State ALASKA District At Large | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Don Young

DATE (Month/Day/Year): 5/14/97

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STATE OF ALASKA | LEGISLATIVE & TEACHING PENSION | $3,602 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

**BLOCK D — Amount of Income**

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples | SP | Mega Corp Stock | 123 Main St., Dover, Del | 1st Bank of Paducah, KY accounts |
|---|---|---|---|---|---|
| | | | X | | X |

| Asset and/or Income Source | A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PUTNAM FUND FOR GROWTH & INCOME | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| DOYON LTD, FAIRBANKS, AK | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| STATE FARM INSURANCE | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| WRIGHT PATMAN CONG. FED. CREDIT UNION (#1) | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| WRIGHT PATMAN CONG. F.C.U. (#2) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name REP. DON E. YOUNG



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | BLOCK D Amount of Income: I None – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WRIGHT PATMAN CONG. F.C.U. (#3) | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | WRIGHT PATMAN CONG. F.C.U. (IRA) | | | X | | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| SP | WRIGHT PATMAN CONG. F.C.U. (IRA) | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | NEW YORK LIFE INSURANCE 2835 Alderberry Trail Fairbanks, AK | | | X | X | | | | | | | | X | | X | | | | | X | X | | | | | | | | |
| SP | SWITCH YAA ZEE NATIVE CORP. | | X | | | | | | | | | | NONE | | | | | | NONE | | | | | | | | | | |
| | AA Production, Inc P.O. Box 64185 Lubbock, Tx 79464 | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Alaska Gold LTD. Partnership Caithness Mgmt. Inc. 1114 Ave. of the Americas N.Y., N.Y. 10036 | | X | | | | | | | | | | NONE | | | | | | NONE | | | | | | | | | | |
| | STATE OF ALASKA PERMANENT FUND | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NAT'L BANK OF ALASKA | MORT. ON 2835 ALDERBERRY TRAIL, FAIRBANKS AK | | | X | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

**Note:** The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | SAFARI CLUB INTERNATIONAL | JAN. 24-28 | DC → RENO → DC | Y | Y | Y | N |
| | THE GOLD INSTITUTE | MAR 30-APR 2 | DC → LOS CABOS, MEX → ANCHORAGE | Y | Y | Y | N |

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